# Private School Consultation for FY20 Provision of Services

**Affirmation of Timely/Meaningful Ongoing Consultation and Equitable Services**

Elementary and Secondary Education Act- P.L. 107 – 110 ~ **SECTION 1117 & 8501**

|  |  |
| --- | --- |
| Local Education Agency (LEA) |  |
| LEA Federal Program Official |  |
|  LEA Federal Program Contact | Phone: Email:  |
| Private School Name |  |
| Private School Address |  |
| Private School Official |  |
| Private School Contact | Phone: Email:  |

**LEA Federal Program Official*:*** Select what is applicable from the following statements. LEAs might check more than one.

 Check if there are no eligible private schools located within the LEA’s boundaries

 Check if LEA has students residing within the LEA but are providing services to students attending a private school outside of LEA boundaries.

 Check if the private school has not responded to LEA’s repeated, good-faith attempts (3) for consultation.

**Private School Official*:*** Complete the following chart showing private school participation **for each** funding source.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEA providing****Title I-A** | **LEA providing****Title I-C - Migrant** | **LEA providing****Title II-A** | **LEA providing****Title III-A** | **LEA providing****Title IV-A** |
| Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |

**Directions:** Both school officials (private and public) must initial under either YES or NO for each statement below. Both School Officials will initial, sign, and date this document following the ongoing consultation AND the equitable services implementation. Comments may be made on the following page. Upload to Related Documents under Title I-A.

**Part 1: Timely and Meaningful Consultation Affirmation – Ongoing Consultation** – **Due date: June 30, 2019**

|  |  |  |  |
| --- | --- | --- | --- |
| **Official** | **Yes** | **No** | **Consultation Requirements (ESSA Sections 1117 and 8501)** |
| Private School |  |  | Timely and meaningful consultation occurred regarding the needs and services of eligible children and their teachers and families. Consultation Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Public School |  |  |
| Private School |  |  | The local education agency gave due consideration to the views of the private school official. |
| Public School |  |  |
| Private School |  |  | The program design/provision of services agreed upon by the local education agency and private school is equitable. |
| Public School |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Official** | **Yes** | **No** | **Consultation Requirements (ESSA Sections 1117 and 8501)** |
| Private School |  |  | Services will begin at the time requested and agreed upon by the private school official. Date \_\_\_\_\_\_\_\_\_\_ |
| Public School |  |  |
| Private School |  |  | The local education agency gave due consideration to the views of the private school official. |
| Public School |  |  |
| Private School |  |  | Satisfactory services were provided during the school year. |
| Public School |  |  |

**Part 2: Equitable Provision of Services**

|  |  |
| --- | --- |
| Private School Official or designee Signature | **Date** |
|  |  |
| Public School Superintendent/designee Name & Signature*(Required even if no private schools are in the attendance area.)*  | **Date** |

|  |  |  |
| --- | --- | --- |
|  |  | **Comments**: |
|  |  |  |
|  |  |  |