**Title II A**

**Intent to Participate 2020-2021**

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| Name of Private School | Name of Private School Representative |

**Identity of Needs: To be completed by schools choosing to participate in Title II, part A.**

|  |  |
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| Name of Private School: | |
| Name and Title of Contact Person: | Email Address: |
| Address: | Telephone Number: |

**Professional Development Needs 2020-2021**

Needs identified via: (mark all that apply and provide an explanation to justify the need)

* Test Scores \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Skills Assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Professional needs of teachers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Other (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Proposed Specific Staff Development Activities (Use additional sheets if more space is required.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activities related to the assessed needs listed above** | **Number of Participants** | **Begin Date** | **Duration (# of days)** | **Approximate or Actual Cost** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\* Activities must be **evidence based**, high quality, sustainable, intensive, and student focused in order to have a positive impact on teacher performance in the classroom and student achievement. **Cite the research that supports your activities.**

**PROGRAM EVALUATION**

**2019-2020**

**Indicate the impact professional development activities paid by Title II, Part A funds had on teacher performance and student achievement.**

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**Identify the data sources used to measure the effectiveness of the professional development. Include test scores, classroom implementation and observation, teacher surveys or others indicators and/data to support the outcome.**

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WE HEREBY AGREE **that timely and meaningful consultation occurred before any decision affecting the participation of the private school.**

**We understand that signature of this affirmation serves to acknowledge receipt of Title II funds appropriated as outlined in the attached application.**

**Signatures below acknowledge that the applicant has provided accurate information and data to support Title II expenditures and Evaluation of programs.**

Select one of the following options below:

\_\_\_\_\_ We hereby agree that timely and meaningful consultation occurred before any decision affecting the participation of the private school.

\_\_\_\_\_We hereby believe that timely and meaningful consultation has not occurred or that the program design is not equitable with respect to eligible private school children. Please explain:

|  |  |  |  |
| --- | --- | --- | --- |
| Private School Representative Signature | Date Signed | School District Representative Signature | Date Signed |