**FY 22 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 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In District OR Out of District |
| 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 and are providing services to students attending a private school **inside** LEA 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.  
 Check if Private School opts to ‘not’ participate.

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title I-A** | | **Title II-A** | | **Title IV-A** | | **Title III- A** | | **Title I-C** | | **Title IV-B** | |
| **YES** | **NO** | **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. By doing so, it documents following the ongoing consultation AND the equitable services implementation. Comments may be made in the Comments section. **Upload to designated location for each funding source.**

**Part 1: Timely and Meaningful Consultation Affirmation – Initial boxes, sign and date and/or Ongoing Consultation- Due: May 1.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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. Initial Consultation Dates: |
| **Public School** |  |  |
| **Private School** |  |  | The LEA 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 LEA and private school is equitable. **Date instructional services are to begin**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Public School** |  |  |

Signature of Public-School Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Private School Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part 2: Equitable Provision of Services - Initial boxes, sign and date (**If equitable services were provided in FY22, the due date for Part 2 is upon submittal of FY22 Completion Report. **Upload to CR Related Documents.**)

|  |  |  |  |
| --- | --- | --- | --- |
| **Official** | **Yes** | **No** | **Consultation Requirements (ESSA Sections 1117 and 8501)** |
| **Private School** |  |  | Services began as agreed between the LEA and private school during consultation.  **Date services began**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Public School** |  |  |
| **Private School** |  |  | The LEA gave due consideration to the views of the private school official during ongoing consultation. |
| **Public School** |  |  |
| **Private School** |  |  | Satisfactory services were provided during the school year. |
| **Public School** |  |  |

Signature of Public-School Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Private School Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments**: