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| **Title II, Part A – Improving Teacher Quality** **SAMPLE Private School Needs Assessment and Professional Learning Plan**  |

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| School District: |  |
| School Year: |  |
|  |  |
| Private School Name: |  |
| K-12 Student Enrollment: |  |
| Private School Address: |  |
| Private School Principal: |  |
| Phone Number: |  |
| Email Address: |  |
| Private School Designee: |  |
| Phone Number: |  |
| Email Address: |  |

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| **Needs Assessment** |
| **Identify your student’s academic needs and teachers’ professional learning needs and provide appropriate data for support.**  |
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| **Prioritize Private School professional learning needs.** |
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| **Private School Services of Activities to be Funded by Title II, Part A.** |
| **Describe the program services or other activities (Conference, Consultants, University Coursework) you would like the school district to implement to address these identified needs. List programs and services in order of priority. For additional guidance on allowable uses, please consult the GaDOE Title II, Part A Handbook, USED Title II, Part A Non-Regulatory Guidance and the USED Title IX, Part E Non-Regulatory Guidance.** |
|  |
| **Prioritized Need** |  |
| **Service or Activity** |  |
| **Describe how this will contribute to improving student academic achievement.** |  |
| **How will the effectiveness of this activity be determined?** |  |
| **Estimated Cost** |  |
| **Date(s) or Timeline** |  |
|  |  |
| **Prioritized Need** |  |
| **Service or Activity** |  |
| **Describe how this will contribute to improving student academic achievement.** |  |
| **How will the effectiveness of this activity be determined?** |  |
| **Estimated Cost** |  |
| **Date(s) or Timeline** |  |
|  |  |
| **Prioritized Need** |  |
| **Service or Activity** |  |
| **Describe how this will contribute to improving student academic achievement.** |  |
| **How will the effectiveness of this activity be determined?** |  |
| **Estimated Cost** |  |
| **Date(s) or Timeline** |  |
|  |  |
| **Prioritized Need** |  |
| **Service or Activity** |  |
| **Describe how this will contribute to improving student academic achievement.** |  |
| **How will the effectiveness of this activity be determined?** |  |
| **Estimated Cost** |  |
| **Date(s) or Timeline** |  |

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Signature of Private School Principal Date