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

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| --- | --- |
| LEA (District): |  |
| School Year: |  |
|  |  |
| Private School Name: |  |
| Private School Address: |  |
| K-12 Student Enrollment: |  |
| Allocation Total: |  |
| Private School Principal: |  |
| Phone Number: |  |
| Email Address: |  |
| Private School Designee: |  |
| Phone Number: |  |
| Email Address: |  |

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| **Needs Assessment** |
| **Identify your students’ academic needs and teachers’ professional learning needs and provide appropriate data for support.** |
|  |
| **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, interventions, or activities agreed upon by the private school and LEA/ District during initial and ongoing consultation. List program services, interventions, or activities in order of priority. Ensure all funded professional development aligns to the ESSA. For additional guidance on allowable uses, please consult GaDOE Private School Guidance, USDE Fiscal Changes Non-Regulatory Guidance (ESSA), and still applicable USDE NCLB guidance: Title IX, Part E Non-Regulatory Guidance (2009) and Title I Services to Eligible Private School Children (2003).** | |
|  | |
| **Prioritized Need** |  |
| **Service, Intervention or Activity** |  |
| **Level of Evidence Base**  **Strong/ Moderate/ Promising** |  |
| **Describe how this will meet the purpose(s) of Title II, Part A.** |  |
| **How will the effectiveness of this activity be determined?** |  |
| **How will the allowability of this activity be documented?** |  |
| **Estimated Cost** |  |
| **Date(s) or Timeline** |  |
|  |  |
| **Prioritized Need** |  |
| **Service, Intervention or Activity** |  |
| **Level of Evidence Base**  **Strong/ Moderate/ Promising** |  |
| **Describe how this will meet the purpose(s) of Title II, Part A.** |  |
| **How will the effectiveness of this activity be determined?** |  |
| **How will the allowability of this activity be documented?** |  |
| **Estimated Cost** |  |
|  |  |
| **Prioritized Need** |  |
| **Service, Intervention or Activity** |  |
| **Level of Evidence Base**  **Strong/ Moderate/ Promising** |  |
| **Describe how this will meet the purpose(s) of Title II, Part A.** |  |
| **How will the effectiveness of this activity be determined?** |  |
| **How will the allowability of this activity be documented?** |  |
| **Estimated Cost** |  |
|  |  |
| **Prioritized Need** |  |
| **Service, Intervention or Activity** |  |
| **Level of Evidence Base**  **Strong/ Moderate/ Promising** |  |
| **Describe how this will meet the purpose(s) of Title II, Part A.** |  |
| **How will the effectiveness of this activity be determined?** |  |
| **How will the allowability of this activity be documented?** |  |
| **Estimated Cost** |  |
|  |  |
| **Prioritized Need** |  |
| **Service, Intervention or Activity** |  |
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| **Service, Intervention or Activity** |  |
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| **Describe how this will meet the purpose(s) of Title II, Part A.** |  |
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| **Estimated Cost** |  |
|  |  |
| **Prioritized Need** |  |
| **Service, Intervention or Activity** |  |
| **Level of Evidence Base**  **Strong/ Moderate/ Promising** |  |
| **Describe how this will meet the purpose(s) of Title II, Part A.** |  |
| **How will the effectiveness of this activity be determined?** |  |
| **How will the allowability of this activity be documented?** |  |
| **Estimated Cost** |  |

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Signature of Private School Principal/ Designee & Date Signature of LEA (District) Designee & Date