**Reasonable & Necessary Form for**

***Technology Equipment Purchased with Title I C Funds Exceeding $5,000.00***

1. What technology equipment and/or software are you interested in buying to deliver migrant services? (Please include quantity, unit cost, total cost etc.)

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1. How is the school district addressing technology needs for non-migrant students with the same or similar needs?

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1. List the CNA section (Title I-C) where technology is referenced as a supplemental equipment to help migrant students close their educational gaps. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How will the usage of this equipment AND student achievement progress will be monitored? (Please include tool used to measure academic growth).

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1. Why did you choose this technology product over other available options to work with migrant students?

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1. What group(s) and how many MEP participants will use this equipment during this school year?

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1. Can this equipment be used by ALL migrant participants, such as preschoolers and out of school youth? If no, explain. If yes, explain how you are going to organize such services.

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1. Please explain why the equipment purchased with migrant funds from previous years cannot be used to help this group of MEP participants (preschoolers, K-12, OSY or DOs). *Please refer to your FY18, 19 & 20 migrant inventories.*

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**\*\*\* Please attach evidence of need (test scores, MEP inventory, school system technological inventories, etc.) \*\*\***

 **Submitted by District MEP contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved by Regional MEP Office Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**