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| **Name of Grant Program:** Parentally Placed Students in Private School Pilot | **Fund Code:** 230 |

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| PART III – REQUIRED PROGRAM INFORMATION |

District Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partnering Private School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PrivateSchoolAddress\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PrivateSchoolContact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Related Service(s) offered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Hours per week \_\_\_\_\_\_\_

Beginning Date **Upon Approval** End Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Students Served\_\_\_\_\_\_

Related service location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please give a specific and detailed answer to each question***

Please note the additional information needed for each answer:

1. Explain the process used at the Partnership meetings to determine what service will be provided. *Is the plan the same as noted in the FY17 application or do any adjustments need to be made for FY18? Please explain in detail.*
2. What will the procedure be to obtain written parent consent? Please include any specific consent form that will be used. *Is the plan the same as noted in the FY17 application or do any adjustments need to be made for FY18? Please explain in detail.*
3. What is the schedule of the Partnership meetings, time and location? *Is the plan the same as noted in the FY17 application or do any adjustments need to be made for FY18? Please explain in detail.*
4. How will you measure the successfulness of this grant? *Is the plan the same as noted in the FY17 application or do any adjustments need to be made for FY18? Please explain in detail.*

***Names, roles and contact information of those participating in the partnership***

| Name | Role | Contact Information |
| --- | --- | --- |
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Note: End of the year report due to the Department of Elementary and Secondary Education, Special Education Policy and Planning on June 30, 2018 and must include:

**number of students, progress of those students, successes and barriers of the program.**