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Appendix H

Nita M. Lowey 21st Century Community Learning Centers, Division of Student Services

# Appendix H: Private School Consultation Form

The *Elementary and Secondary Education Act (ESEA)*, as reauthorized by the *Every Student Succeeds Act (ESSA)* of 2015, requires that public school districts receiving financial assistance under the 21st Century Community Learning Centers program (21st CCLC), authorized under Title VIII, Part F, provide equitable services to eligible private school students (ESEA §§ 8501–8506(b)(1)(B)).

To comply, public school districts are required to engage in timely and meaningful consultation with appropriate private school officials about the provision of program services to private school students. This consultation *must* occur during the design and development of the proposed project before any decision is made that impacts the opportunities for participation of private school students throughout the design, development, implementation, and assessment of the program services. The quality of the consultative process will likely have an effect on the quality of services to private school students. (Authority: ESEA § 8501(c)).

Please complete the following related to the involvement of eligible private school students in Title VIII, Part F, 21st CCLC subgrant activities.

[ ]  There are no private schools located within the attendance boundaries of the school(s) proposed to be served by this project. (Signature below is required.)

[ ]  There are private schools located within the attendance boundaries of the school(s) proposed to be served by this project (listed below). These private schools were consulted (methods listed below) prior to the development of the 21st CCLC application.

**Private school(s) within the attendance boundaries of the school(s) proposed to be served:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Private School | Name and Title of Person Contacted | Date of Contact | Method of Contact (e.g., in person, phone, e-mail, other) | To Receive Services?(Yes or No\*) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*If no, please provide a brief explanation.

Signature of Applicant’s Authorized Representative Date