

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)).

consultative process wil (Authority: ESEA § 850		n the quality	y of services to private s	chool students.	
Please complete the foll Part F, 21st CCLC subg		olvement o	f eligible private school :	students in Title VIII,	
	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.)				
proposed	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		