# Sample Non-Public School Needs Assessment

The Every Student Succeeds Act (ESSA) in §§ 1117 and 8501 requires that timely and meaningful consultation between the local educational agency (LEA) and non-public school officials occur prior to any decision that affects the opportunities of eligible non-public school students, teachers, and other educational personnel for equitable services, and shall continue throughout the implementation and assessment of these activities. ESSA also requires the terms of the consultation agreement to be in writing and submitted to the ombudsman.

The sample forms below can be utilized during consultation meetings to guide the conversation between the LEA and the non-public school. These forms are not meant to cover all consultation needs or situations. LEAs should adapt these forms for the actual needs of the eligible non-public school students and teachers. LEA officials may use these needs assessment forms to craft their consultation affirmations and agreements with non-public school officials. LEAs have the option to combine the traditional affirmation form with the final non-public school agreement (typically due in mid-September). The template for the [combined Affirmation of Meaningful Non-Public School Consultation and Final Agreement Form](https://eplan.tn.gov/DocumentLibrary/ViewDocument.aspx?DocumentKey=1646319&inline=true) is available in [ePlan > TDOE Resources](https://eplan.tn.gov/DocumentLibrary/Default.aspx?ccipSessionKey=637836388908511119). LEAs using this form meet the obligation to forward final agreements with non-public schools to the ombudsman and do not have to upload final agreements to ePlan at a later date.

LEAs that prefer to use the [traditional Affirmation of Meaningful Non-Public School Consultation Form](https://eplan.tn.gov/DocumentLibrary/ViewDocument.aspx?DocumentKey=1707206&inline=true) (also available in [TDOE Resources](https://eplan.tn.gov/DocumentLibrary/Default.aspx?ccipSessionKey=637836388908511119)) or that feel final agreements have not been confirmed with non-public schools in May, may upload the [traditional form](https://eplan.tn.gov/DocumentLibrary/ViewDocument.aspx?DocumentKey=1707206&inline=true) to the consolidated funding application (CFA). LEAs using the traditional form must also upload [final agreements](https://eplan.tn.gov/DocumentLibrary/ViewDocument.aspx?DocumentKey=1761019&inline=true) to the ePlan LEA Document Library by Sept. 15. LEAs can use these templates across multiple ESSA equitable services programs.

All LEAs with participating non-public schools must upload either the Affirmation of Meaningful Non-Public School Consultation and Final Agreement Form or the Affirmation of Meaningful Private School Consultation Form to the *Related Documents* page for the Equitable Services for Non-Public Schools section of the CFA.

**Instructions**

1. Fill out the contact information below for the LEA and non-public school officials participating in the consultation/needs assessment.
2. For each program the non-public school will participate in, work with the non-public school to complete the corresponding needs assessment.
3. Use the crafted needs assessment with the non-public school to design the final written agreement on how the LEA will provide equitable services to eligible non-public school students, teachers, and other educational personnel.
4. After each consultation, have the non-public school official sign off on the appropriate affirmation and/or agreement form. As noted above, LEAs have the option to use the combined Affirmation and Agreement form or the traditional forms.

**Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **LEA Name** |  | | |
| Contact Name |  | Title |  |
| Phone |  | Street Address |  |
| City, State |  | Zip Code |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Non-Public School Name** |  | | |
| Contact Name |  | Title |  |
| Phone |  | Street Address |  |
| City, State |  | Zip Code |  |
| **Date of Consultation/Needs Assessment** | |  | |

The non-public school/agency intends to participate in the following programs for the \_\_\_\_\_\_\_\_\_\_ school year:

**Title I-A**  **Title I-C**  **Title II-A**  **Title III-A**  **Title IV-A**  **Title IV-B**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of LEA |  | Name of Non-Public School or Agency |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of LEA Representative Date |  | Signature of School Representative Date |

|  |  |
| --- | --- |
|  |  |
| Name of LEA | Name of Non-Public School or Agency |

|  |
| --- |
| **Non-Public School Consultation** *Title I-A Needs Assessment* |

**The non-public school has elected to participate in Title I-A for the \_\_\_\_\_\_\_ school year:**

Yes  No (If no, do not fill out this needs assessment.)

|  |  |
| --- | --- |
| **Prioritized Students’ Academic Needs:** Provide appropriate data and source for support. | |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Needs:**

|  |  |
| --- | --- |
| **Professional Development Needs** (as related to improving students’ academic achievement) | |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Programs and Services:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prioritize programs and services as related to meeting the needs noted above.** | | | | |
| Description of Program, Services, or Other Activities | | Estimated Participants | Estimated Duration | Approx. Cost |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |

|  |
| --- |
| **Describe how these services/programs contribute to improving student academic achievement.** |
|  |

**Goal Setting:**

|  |
| --- |
| **Write a suggested performance goal for the identified need and planned activities:**  *EXAMPLE: For an identified need for reading: “By DATE, students participating in planned activities will increase their reading scores by \_\_\_\_\_\_%”; or, for an identified need to enhance instruction in differentiated learning, “95% of the students of the teachers participating in the professional development will test proficient in reading by the end of the school year.”* |
|  |

**Evaluation Plan:**

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| **Describe the formalized plan for determining the extent to which the goal was achieved:** |
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|  |  |
| --- | --- |
|  |  |
| Name of LEA | Name of Non-Public School or Agency |

|  |
| --- |
| **Non-Public School Consultation**  *Title I-C Needs Assessment* |

**The non-public school has elected to participate in Title I-C for the \_\_\_\_\_\_\_ school year:**

Yes  No (If no, do not fill out this needs assessment.)

**Needs:**

|  |  |
| --- | --- |
| **Prioritized Students’ Academic Needs:** Provide appropriate data and source for support. | |
| **1.** |  |
| **2.** |  |
| **3.** |  |

|  |  |
| --- | --- |
| **Professional Development Needs** (as related to improving students’ academic achievement) | |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Programs and Services:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prioritize programs and services as related to meeting the needs noted above.** | | | | |
| Description of Program, Services, or Other Activities | | Estimated Participants | Estimated Duration | Approx. Cost |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |

|  |
| --- |
| **Describe how these services/programs contribute to improving student academic achievement.** |
|  |

**Goal Setting:**

|  |
| --- |
| **Write a suggested performance goal for the identified need and planned activities:**  *EXAMPLE: For an identified need for reading: “By DATE, students participating in planned activities will increase their reading scores by \_\_\_\_\_\_%”; or, for an identified need to enhance instruction in differentiated learning, “95% of the students of the teachers participating in the professional development will test proficient in reading by the end of the school year.”* |
|  |

**Evaluation Plan:**

|  |
| --- |
| **Describe the formalized plan for determining the extent to which the goal was achieved.** |
|  |

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| --- | --- |
|  |  |
| Name of LEA | Name of Non-Public School or Agency |

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| **Non-Public School Consultation**  *Title II-A Needs Assessment* |

**The non-public school has elected to participate in Title II-A for the \_\_\_\_\_\_\_\_ school year:**

Yes  No (If no, do not fill out this needs assessment.)

**How were professional development needs identified? (Please check all that apply.)**

Test scores  Professional needs of teachers

Skills assessment  School plan

Surveys  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Development Needs:**

|  |  |
| --- | --- |
| **Describe the top three professional development needs as related to improving students’ academic achievement.** | |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Programs and Services:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prioritize programs and services as related to meeting the needs noted above.** | | | | |
| Description of Program, Services, or Other Activities\* | | Estimated Participants | Estimated Duration | Approx. Cost |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |

*\*Activities must be high quality, sustained, intensive, and classroom-focused in order to have a positive impact on instruction and the teacher’s performance in the classroom. Educational services or other benefits, including materials and equipment, must be secular, neutral, and non-ideological. Materials may only be purchased to be used during a professional development activity or for specific training in the use of purchased materials. Materials for the classroom may not be purchased with Title II funds.*

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| **Describe how these services/programs contribute to improving student academic achievement.** |
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**Evaluation Plan:**

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| --- |
| **Describe the formalized plan for determining the extent to which the goal was achieved.** |
|  |

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| --- | --- |
|  |  |
| Name of LEA | Name of Non-Public School or Agency |

|  |
| --- |
| **Non-Public School Consultation**  *Title III-A Needs Assessment* |

**The non-public school has elected to participate in Title III-A for the \_\_\_\_\_\_\_\_\_\_ school year:**

Yes  No (If no, do not fill out this needs assessment.)

**How were needs identified? (please check all that apply)**

Test scores  Professional needs of teachers

Skills assessment  School plan

Surveys  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Prioritized Students’ Academic/Language Needs:** Provide appropriate data and source for support. | |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Needs:**

|  |  |
| --- | --- |
| **Professional Development Needs** (as related to improving EL students’ English language proficiency)**:** | |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Programs and Services:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prioritize programs and services as related to meeting the needs noted above.** | | | | |
| Description of Program, Services, or Other Activities\* | | Estimated Participants | Estimated Duration | Approx. Cost |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |

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| --- |
| **Describe how these services/programs contribute to improving student academic achievement:** |
|  |

**Goal Setting:**

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| --- |
| **Write a suggested performance goal for the identified need and planned activities:**  *EXAMPLE: For an identified need of increased English language proficiency: “By DATE, students participating in planned activities will increase their English language proficiency by \_\_\_\_\_\_%/points”; or, for an identified need to enhance ESL instruction, “95% of the students of the teachers participating in the professional development will increase their English language proficiency by \_\_\_\_\_\_%/points by the end of the school year.”* |
|  |

**Evaluation Plan:**

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| --- |
| **Describe the formalized plan for determining the extent to which the goal was achieved:** |
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| --- | --- |
|  |  |
| Name of LEA | Name of Non-Public School or Agency |

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| --- |
| **Non-Public School Consultation**  *Title IV-A Needs Assessment* |

**The non-public school has elected to participate in Title IV-A for the \_\_\_\_\_\_\_\_\_ school year:**

Yes  No (If no, do not fill out this needs assessment.)

|  |  |
| --- | --- |
| **Prioritized Students’ Needs for Well-Rounded Educational Opportunities, Safe & Healthy Students, and/or the Effective Use of Technology:** Provide appropriate data and source for support. | |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Needs:**

|  |  |
| --- | --- |
| **Professional Development Needs** (as related to improving Well-Rounded Educational Opportunities, Safe & Healthy Students, and/or the Effective Use of Technology)**:** | |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Programs and Services:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prioritize programs and services as related to meeting the needs noted above:** | | | | |
| Description of Program, Services, or Other Activities | | Estimated Participants | Estimated Duration | Approx. Cost |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |

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| --- |
| **Describe how these services/programs contribute to improving student academic achievement.** |
|  |

**Goal Setting:**

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| --- |
| **Write a suggested performance goal for the identified need and planned activities:**  *EXAMPLE: For an identified need of increased social emotional programming: “By DATE, student behavior referrals will be reduced by % ; or, for an identified need to increase STEM instruction, “100% of the students of the teachers participating in the professional development will participate monthly STEM lessons by the end of the school year.”* |
|  |

**Evaluation Plan:**

|  |
| --- |
| **Describe the formalized plan for determining the extent to which the goal was achieved.** |
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|  |  |
| Name of LEA | Name of Non-Public School or Agency |

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| **Non-Public School Consultation**  *Title IV-B Needs Assessment* |

**The non-public school has elected to participate in Title IV-B for the \_\_\_\_\_\_\_\_\_ school year:**

Yes  No (If no, do not fill out this needs assessment.)

|  |  |
| --- | --- |
| **Prioritized Students’ Academic Needs:** Provide appropriate data and source for support. | |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Needs:**

**Programs and Services:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prioritize programs and services as related to meeting the needs noted above.** | | | | |
| Description of Program, Services, or Other Activities | | Estimated Participants | Estimated Duration | Approx. Cost |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |

|  |
| --- |
| **Describe how these services/programs contribute to improving student academic achievement.** |
|  |

**Goal Setting:**

|  |
| --- |
| **Write a suggested performance goal for the identified need and planned activities:** (choose one of the Title IV-B performance goals and describe the planned extended learning activity for that goal.) |
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**Evaluation Plan:**

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| --- |
| **Describe the formalized plan for determining the extent to which the goal was achieved.** |
|  |