**Sample Intent to Participate in Title I, Part A, Program for Private Schools Outside LEA’s Boundaries**

Dear Private School Administrator*:*

**[Insert name of school division]** is beginning to plan its Title I, Part A, program for the 2024-2025 school year and needs your help to determine if there are any students who reside in *our* school division and attend your school who may be eligible for Title I, Part A services. Title I, Part Aprovides services to children who need extra educational help and reside in Title I, Part A, public school attendance areas. Please note that only non-profit schools may participate, and certain student eligibility criteria must be met to assure participation.

Title I, Part A services can range from additional instruction that takes place during the school day, after school or during the summer, to other services that support a student’s learning. In addition to student services, Title I, Part A may provide professional development activities for the private school teachers of participating children and special activities for families of Title I, Part A-served students.

Please review the description of the Title I, Part A program outlined in **Section B on** **the attached form**. Please note that, as a privateschool located outside of our district’s geographic area, you are not eligible to participate in the otherESSA-funded programs with our school division. However, you may be eligible to participate in servicesprovided by the school division in which your school is physically located. You should be receiving communications directly from them about available services from other programs, including Title I, Part C; Title II, Part A; Title III, Part A; Title IV, Part A; and Title IV, Part B.

If you are interested in learning more about participating in our Title I, Part A program during the 2024-2025 school year, please complete and return **Sections C, D, and E** of the enclosed form no later than **[insert date at least 10 days after receipt of letter**]. You may return the form by email to **[insert email address],** or by mail to the address below.

If your private school elects to participate in Title I, Part A, we will work together to discuss additional details, including student eligibility criteria, the needs assessment process, and the development of a service agreement plan. When I receive your form, I will contact you about our first consultation meeting, which is planned for **[insert date at least 10 days after form is due].**

Even if you are not interested in participating in the Title I, Part A program, please indicate that on the enclosed form and return a signed copy by email or by mail so that this information can be submitted to the Virginia Department of Education as part of our 2024-2025 federal programs application.

If you have questions, please contact me at **[insert phone number and e-mail address].** I look forward to hearing from you soon.

Sincerely,

**[Signature]**

**[Title]**

Enclosure

**Section B- Program Description**

***Title I, Part A, Improving Basic Programs***

Title I, Part A, provides supplemental educational services for ***eligible*** private school students in need of instructional support who are educationally disadvantaged and failing or most at risk of failing to meet high academic standards and who live in Title I participating public school attendance areas. A needs assessment is necessary in order to determine the eligibility of students in the private school. The funding formula is based primarily on low-income data.

**Section C – Intent to Participate**

**Title I, Part A – Improving Basic Programs**

Do YouIntend to Participate? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

(If you have checked “yes” to participating in the Title I, Part A, program, you will be required to provide specific student eligibility data, to be discussed during consultation.)

**Section D – Program Compliance**

This school qualifies for Non-profit status. Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section E – Contact Information**

**School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Contact Person’s Name and Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_