**Do not complete if the private school is non-responsive or declining services.**

These forms help facilitate meaningful consultation between a district and the private school. District/Consortium officials must take into consideration the private school’s views on how to serve students and the design of the program. Consultation occurs when the district/consortium meets with the private school before making any decisions that affect the opportunities available to private schools who choose to participate. Consultation must continue throughout the implementation of the program and will include assessment of the services provided.

The goal of the consultation process is agreement between both parties. While the final decisions concerning equitable services rest with the district/consortium, serious and due consideration must be given to the private school’s views. If a district/consortium disagrees with the views of a private school, the district/consortium must provide their decision in writing to the private school official and include the reasons why the district disagrees. The reasons must be supported by facts and/or data.

**Date of Consultation**: Enter date

**Private School Information**

**Private School Name**: Enter text

**Private School Address**: Enter text

**Private School Contact Name & Title**: Enter text

**Private School Contact Phone & Email**: Enter text

**Enrolls Grades**: (check all that apply)  K  1  2  3  4  5  6  7  8  9  10  11  12

**District/Consortium Information**

**District/Consortium Name**: Enter text

**District/Consortium Address**: Enter text

**District/Consortium Contact Name & Title**: Enter text

**District/Consortium Contact Phone & Email**: Enter text

**The Private School Affirms**:

**No Yes**

The district/consortium explained the [complaint process and procedures](https://www.oregon.gov/ode/schools-and-districts/grants/ESEA/Pages/Private-Schools.aspx) to the private school.

The district/consortium initiated timely consultation and engaged in meaningful discussion.

The private school is a [non-profit](https://www.ecfr.gov/current/title-29/subtitle-A/part-2/subpart-D/section-2.38).

The program design for private school students is equitable to public school students.

All equitable services, programs and materials must be [secular, neutral and non-ideological](https://www.oregon.gov/ode/schools-and-districts/grants/ESEA/EL/Documents/ODE%20-%202022%20-%20T1A-TVIII%20Secular%20Neutral%20Non-Ideological%20-%20PPT.pdf).

The private school provided accurate, reliable and timely data for the purposes of allocating applicable federal funds and developing plans for services and understands that not doing so results in losing their ability to participate in equitable services for the school year.

The private school understands it cannot be directly reimbursed for equitable service program expenditures, and the district explained the procurement process, including deadlines.

**Signature of the Private School Contact**: Enter Signature **Date**: Enter date

**The district/consortium must upload completed and signed Affirmation pages to the** [**Evidence of Consultation Form**](https://app.smartsheet.com/b/form/f998d5d880cb4875bd0f5c52f4736d1d)**.**

# [**Stronger**](https://www.oregon.gov/ode/schools-and-districts/grants/ESEA/Documents/Module%209%20-%20Title%20IVB-%2021st%20Centruy%20Community%20Learning%20Centers.pdf) **Connections Grant**

Purpose: supports safe and healthy students in school settings in accordance with Title IV-A section 4108.

*The private school must be located within the attendance area of the subgrantee providing equitable services.*

*Subgrantees must consult with private schools before applying for a SCG subgrant to include the private school in their application’s needs assessment and budget. If the private school chose to participate in the needs assessment, their needs should be funded and met by the awarded application in an equitable manner. If the private school did not choose to participate in the needs assessment, the district can only meet the needs of the private school as per their awarded application.*

**The number of eligible private school students**: Enter text

**The preliminary equitable share** [**allocation**](https://www.oregon.gov/ode/schools-and-districts/grants/ESEA/Documents/Module%203%20-%20Allocations%2C%20Transferability%20%26%20Carryover.pdf) **for the 24-25 school year is**: $Enter dollar amount

No  Yes [**Set-Asides**](https://www.oregon.gov/ode/schools-and-districts/grants/ESEA/Documents/ADMIN%20COSTS.pdf): From the total allocation, Enter %% for administrative costs and Enter %% for indirect costs.

**Program Design**

**Services will be provided by**:  District hired employee  Third-party contract  Other: Enter text

**Services will be provided at**:  The private school  A public school  Other: Enter text

**Services will occur**:

During the school day  Before or after school  Weekend  Summer  Other: Enter text

[**Needs**](https://www.oregon.gov/ode/schools-and-districts/grants/ESEA/Documents/ODE%20-%202023%20-%20Needs%20Assessment%20-%20Toolkit.docx) **will be identified by**:

School Improvement Plans  Staff Surveys  Teacher Teams  Leadership Teams

Strategic Planning Process  Student Data Review  Other: Enter text

**Safe and healthy supplemental services for**  **students**  **professional development will include**: *Check all that apply.*

Drug/violence prevention  Drug abuse prevention  School-based mental health services

School emergency plans  Nutritional education  Classroom management

Bullying/harassment prevention  Suicide prevention  Trauma informed practices

Conflict resolution  Other: Enter text

**Targeted grade levels:** K 1 2 3 4 5 6 7 8 9 10 11 12

**The services provided will be** [**evaluated**](https://www.oregon.gov/ode/schools-and-districts/grants/ESEA/Documents/ODE%20-%202023%20-%20Evaluation%20of%20Equitable%20Service%20Programs%20-%20Toolkit.docx) **for effectiveness by**: Enter text

**Signatures**

**Signature of the Private School Contact**: Enter Signature **Date**: Enter date

**Signature of the District/Consortium Contact**: Enter Signature **Date**: Enter date

**The deadline to return signed Affirmations to the district/consortium is:** Enter date.

**The deadline to submit relevant data to the district/consortium is:** Enter date.