



**Private Nonprofit Equitable Services
Every Student Succeeds Act
2020-2021 Intent to Participate**

School:
Address:
City & Zip:

Telephone:
Principal:
Email:

*Will your school participate?	Program Description
<p align="center">YES</p> <p align="center">NO</p>	<p>Title I, Part A- Provides resources to assist students who are experiencing academic difficulty in any core subject. Schools are required to identify participating students and to provide related academic data.</p> <p align="center">If you checked "YES," please complete the following: Title I, Part A, Private School Official and Contact Person:</p> <p>Name: Phone: Email:</p>
<p align="center">YES</p> <p align="center">NO</p>	<p>Title II, Part A- Provides professional development for teachers and other educational personnel to improve student achievement in the core academic areas.</p> <p align="center">If you checked "YES," please complete the following: Title II, Part A, Private School Official and Contact Person:</p> <p>Name: Phone: Email:</p>
<p align="center">YES</p> <p align="center">NO</p>	<p>Title III, Part A LEP - Provides supplemental resources to ensure that children who are English Language Learners or recent Immigrants attain English proficiency.</p> <p align="center">If you checked "YES," please complete the following: Title III, Part A, Private School Official and Contact Person:</p> <p>Name: Phone: Email:</p>
<p align="center">YES</p> <p align="center">NO</p>	<p>Title IV, Part A SSAEP- Provides supplemental resources to ensure that children obtain a well-rounded education; improve school conditions and increase the effective use of technology.</p> <p align="center">If you checked "YES," please complete the following: Title IV, Part A, Private School Official and Contact Person:</p> <p>Name: Phone: Email:</p>

** Submission of this form informs the district of your intent to participate in the program(s) checked "YES." To fulfill the requirements for participation, you must complete additional information that will be sent to you from each of the Title programs selected.*

Principal Signature: _____

Return the form no later than **Wednesday, June 24, 2020** via U.S. Mail or email to: Xochitl Salazar, Federal Programs, 310 South Cherry St., Tomball, TX 77375.

If you have any questions or need additional information regarding a specific program, call or email Xochitl Salazar at 281-357-3100 ex 2036 or xochitlsalazar@tomballisd.net.