# Private School Equitable Services Request Form

## **Description**

**Private School Contact Information** 

The Equitable Services Request Form is for private schools to request professional development that meets the purpose of Title as described in ESEA Sec. 2103(b)(3)(H)-(L).

Na	me of School:	Date of Request:
Re	questor Name:	
Re	questor Email:	Requestor Phone:
Sı	ubmitting a Request	
	nail this request to ore room is needed, please indicate this and attach	
1.	Name of activity/expenditure	
2.	Source/Vendor	
3.	Website (if any)	
4.	Date(s):	
5.	Cost:	
	Describe the requested professional development	5 5

7. List Title II, Part A funded participant names and roles/positions



#### **Compliance Check**

Please indicate **Yes** or **No** to each of the following:

1) Is this professional development or training required by local, state, or federal	
requirements, collective bargaining agreements, or other employment contracts?	
2) Is professional development sustained (takes place over at least four days),	
intensive, collaborative, job-embedded, data driven, and classroom focused?	
3) Are Title IIA funds being used for online subscription to a professional	
development database that contains content that is not 100% secular, neutral, and	
non-ideological?	

4) Describe how this professional development is secular, neutral, and non-ideological:		
5) Only provide one outcome. As a result of this professional development,		
the amount of student meeting state standards will increase by:		
the number of fully certified, in field teachers at the private school will increase by:		

IMPORTANT: At the end of the school year there will be a required annual evaluation of how effective the funded actions and activities have been in increasing student achievement, directly tied to a measurable outcome, and how professional learning was sustained.

#### **Payment Information**

Title II, Part A funds must be paid directly to vendor/source and to teachers, including substitutes. **No funds may pass through the private school**.

Requested Activities Requested		Requested Activities	Requested
	Amount		Amount
Conference Registration		Stipend for teachers to attend PD	
		outside of contracted day	
Travel Per Diem		Stipend for teachers to provide PD	
Mileage		Contractor providing PD	
Airfare		Other	

### Attach the following information as applicable:

\*Teacher DOB

\*Teacher Address

Updated 4/2025 2