

# Private School Consultation Form

## Mathematics and Science Partnerships Grant RFA #-092313/2B

**Applicant Name:** \_\_\_\_\_

In accordance with the federal NCLB requirements, the following private school representatives were contacted. They were offered a genuine opportunity to express their views regarding the above Request for Application. This opportunity was provided before any decision that affects the opportunities of the students, teachers and other educational personnel from these nonpublic schools, became final as part of this application.

Name of Consulted Private School: \_\_\_\_\_

Private School Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Consultation: \_\_\_\_\_

How was the consultation delivered (ie. Emailed, mailed, in person, telephone, etc...)? \_\_\_\_\_

Please provide a Brief Summary of Consultation. (Your summary should include responses to the following questions; What services will be offered? How will the participant's needs be identified? How, where, and by whom will the services be provided? How will the services be assessed? How will the results of the assessment be used to improve the services above?) \_\_\_\_\_

Outcome of Consultation:  Yes, will participate  No, will not participate

**(Use additional sheets as necessary and please sign each sheet.)**

\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Applicant**

**Date Signed**

\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Private School Representative  
Signed**

**Date**