## Sample Needs Assessment and Program Development Plan

**Private School Students and Teachers**

[*insert year*] **School Year**

**School:**

**Address:**

**Enrollment:**

**Private School Official/Primary Contact:**

 **Phone Number**:

 **E-mail Address**:

**Title Program:** (check appropriate program/s)

Title II, A – Teacher and Principal Training and Recruiting Fund

Title II, D – Enhancing Education through Technology

Title III, A – English Language Acquisition, Language Enhancement, & Academic Achievement

Title IV, A – Safe and Drug-Free Schools and Communities

Title IV, B – 21st Century Community Learning Centers

Title V, A – Innovative Programs

**Needs Assessment:**

Identify your students’ academic needs and provide appropriate data for support. Prioritize needs, with most significant as #1.

Identify your teachers’ professional development needs as related to improving you students’ academic achievement.

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**Programs and Services:**

Describe the program, services or other activities you would like the school district to implement to address these identified needs. To the extent possible, include estimated cost of programs and services. Prioritize programs and services as related to meeting the needs noted above.

 Describe how these services and programs will contribute to improving student academic achievement.

**Goal Setting:**

Write a suggested performance goal for your identified need and planned activities. (EXAMPLE: For an identified need of reading would be, “By May 2019, students participating in planned activities will increase their reading scores by \_\_\_\_\_\_%”; or, for an identified need to enhance instruction in differentiated learning, “All teachers participating in the professional development will include differentiated learning practices in their daily instruction.”

**Evaluation Plan:** Describe the formalized plan for determining the extent to which the goal was achieved.

**Private School Official:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please complete and submit this Needs Assessment and Program Development Plan by** [insert date] and email/send to: [Insert LEA contact and address, including phone number]