

**TITLE I SCHOOLWIDE PLANNING CHECKLIST**

**ESSA, Title I, Part A, Sections 1114 & 1119**

A school with at least 40% low-income is eligible to plan and implement a schoolwide program (SWP). A schoolwide program must upgrade the ***whole*** educational program in the school in order to focus on and raise academic achievement for **ALL** students.

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| Date: | District Name: | Superintendent: | | District LEA: |
| School Name: | School LEA: | Grade Span: | | Planning Year:  Implementation Year: |
| Principal Name: | Principal Email: | | Principal Phone Number: | |

**Section A:**

Please include the following:

* Qualifying Evidence
* ADE Program Manager Contact
* Date of Contact
* Copy of the Commitment to Schoolwide Planning Letter
* School Profile (staff, student, programs, mission, vision, current achievement status, etc.)
* Schoolwide Planning Team Members (should be led by the principal, and include a variety of school personnel, district representatives, & community members, etc.)
* Needs Assessment

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| **Needs Assessment/Schoowide Planning Team:**  Include information that highlights the school’s strengths and weaknesses. Focus should be on the needs of the students of the targeted population of Title I, Part A and other federal program funds being utilized in this program. Emphasis should be placed on the lowest-performing students. ED guidance says the information included in this section should be “based on academic information about ALL students in the school including economically disadvantaged students; students from major racial and ethnic groups; students with disabilities; limited English proficient students, and migrant students” in relation to state academic standards, particularly those who are failing or at risk of failing. |

**Section B:**

Please include the following:

* Stakeholder Meetings Date and Sign-In Sheets (with positions of each attendee)
* Meeting Agendas & Minutes
* Schoolwide Plan

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| **Schoolwide Plan:**  This plan should be developed with parents and other community members, teachers, principals and other school leaders. Include paraprofessionals, administrators, and students, if this is a secondary school. Plan should be developed over the course of one year in consultation with parents, staff, and other community members. Highest priorities should be identified. Plan must also include the strategies the school has identified to address the school’s needs making sure to describe how the strategies will create opportunities for ALL children, including ALL subgroups; utilize methods and instructional strategies that will support the amount and value of quality time, and to ensure an enriched and accelerated curriculum. |

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| **Plan Funds:**  Describe which federal, state, and local funds are being combined to support the plan goals. Be sure to include the amount specific to each funding stream. Describe how the school will implement the plan and how Title I and other funds will be utilized. |

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| **Plan Accessibility:**  Describe how the plan will be made available to the LEA, parents, and public in a clear and understandable format, and to the extent necessary, in a language that parents can comprehend: |

**Section C:**

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| **Plan Evaluation:**  Describe how the plan will be evaluated for effectiveness. Include whether or not the strategies helped the school move closer to its goals in improved student achievement or increases in other activities or areas. Evaluation should be conducted annually. |

**Signatures Required for Approval:**

**District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Principal Date:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Superintendent Date:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***ADE Title I Reviewer Date:***

**To Be Completed by ADE Title I Staff:**

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| ***Further Actions Needed:*** |  |
| ***Deadline for Completion of Actions:*** |  |

***\*For ease of review, please scan/email Check List to either:*** [***Chantele.Williams@ade.arkansas.gov***](mailto:Chantele.Williams@ade.arkansas.gov) ***, or*** [***Jayne.Green@ade.arkansas.gov***](mailto:Jayne.Green@ade.arkansas.gov) ***, or*** [***Elizabeth.Gomez@ade.arkansas.gov***](mailto:Elizabeth.Gomez@ade.arkansas.gov)