# Title I, Part A Neglected Reservation Documentation of Consultation

## General Information

The Every Student Succeeds Act (ESSA Section 1113(c)(3)(A)(i) through Section 1113(c)(3)(A)(iii) requires that LEAs must reserve funds as are necessary to provide services comparable to those provided to children in schools funded under Title I, Part A to serve:

* Children in local institutions for neglected children.
* If appropriate, children in local institutions for delinquent children, and neglected or delinquent children in community day programs.

Every October, neglected institutions are required to submit a count of how many children and youth (ages 5-17) are residing in their facility. This count is submitted to the federal government and generates funds as part of the LEA’s Title I, Part A allocation.

The Every Student Succeeds Act (ESSA) does not prescribe a specific amount of Title I, Part A funds that LEAs must reserve. However, the ESEA requires that the amount be sufficient to provide services to students in local neglected institutions. LEAs have three options for determining reservation amounts and must choose which works best for them ([34 CFR 200.77](https://www.ecfr.gov/current/title-34/subtitle-B/chapter-II/part-200/subpart-A/subject-group-ECFRfad8573de6c102b/section-200.77#p-200.77(a)(1)), ESSA 1113,1124,1126).

Option 1: An LEA may use a districtwide, per pupil amount for students in neglected institutions, if this approach yields a reservation amount that is sufficient for the LEA to meet these requirements. (This may be a good option for LEAs with a small number of such students.)

Option 2: An LEA may reserve a percentage of their total Title I, Part A allocation. (This may be a good option for LEAs with a large number of such students.)

Option 3: An LEA may determine its own amount that is reasonable and necessary to provide comparable Title I services to students in neglected institutions.

## Documentation of Consultation Form

This form must be submitted to the VT Agency of Education annually with the CFP application and will be reviewed with the neglected institution’s investments. Each LEA is asked to invite & consult all eligible neglected institutions within their district. \*Please confirm that the neglected institution is an eligible neglected institution as noted by the AOE, and able to receive LEA Title I, Part A Neglected set-aside funds.

Section 1: Neglected Institution Participation (to be completed by the LEA official with consultation of the neglected institution, all bolded elements are required-please do not use abbreviations).

**Local Educational Agency (LEA) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Neglected Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Initial Invitation** (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Methods of Invitation** (Please Check all that apply):

[ ]  Email

[ ]  Certified Mail

[ ]  Phone/Voicemail

[ ]  In person Meeting

[ ]  Virtual Meeting

**Participation Choice Options** (Please check one):

☐ The neglected institution will be served by Title I, Part A funds.

[ ]  The neglected institution did not respond to invitations for consultation. \*Please be sure to document the neglected institution’s non-response (email invitation that was sent, or copy of certified mail receipt)

[ ]  The neglected institution responded after invitation response deadline and is not eligible based on an unfeasible consultation timeline.

[ ]  The neglected institution does not wish to receive any Title I, Part A services.

[ ]  The neglected institution was deemed to be ineligible to be served by Title I, Part A funds.

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| [If ineligible, please list the reason for ineligibility.] |

**Determination of Services:**

1. What method was used to determine the reservation amount?

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| [Please describe which of the above three options was used to determine the reservation amount.] |

1. What are the identified education related needs of the children and youth at the neglected institution? These needs will be determined by the neglected institution and shared with the LEA during consultation.

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| [Please describe the summarized needs of the neglected children/youth at this facility as determined by the facility.] |

1. What services or resources will the LEA provide to eligible children/youth in the neglected institution to address the identified needs? Include details such as how, where, when and by whom the services will be provided.

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| [Please describe the agreed upon use of funds/how the Title I Part A services or resources will be provided.] |

\*\*\*Please note that the LEA listed above controls all funds, title to materials, equipment, and property purchased. Neglected institutions wishing to participate will receive services, not funds, and have no authority to spend. **Reimbursement from an LEA to a neglected institution is not allowed.** The LEA plans, designs, and implements the program (including procurement, ordering, payments, etc.)—this cannot be delegated to the neglected institution.

Section 2: Verification by Neglected Institution (to be completed by the neglected institution-all bolded elements required, except in cases of non-response).

**Was the LEA’s consultation provided in a timely and meaningful way, and was a satisfactory plan for services developed?**

[ ]  Yes

[ ]  No

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| \*[If “No,” please provide a brief explanation of how consultation did not meet requirements of being timely, meaningful and yielding a satisfactory/comparable program design] |

[ ]  Not Applicable-Consultation was not necessary/did not occur

**Neglected Institution Official’s Printed Full Name:**

**Neglected Institution Official’s Position/Title:**

**Neglected Institution Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

## Section 3: Verification by Local Educational Agency (LEA) (to be completed by the LEA official, all bolded elements required.)

**LEA Official’s Printed Full Name:**

**LEA Official’s Position/Title:**

**LEA Official’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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