**PRIVATE NONPROFIT SCHOOLS**

**2025–2026 INTENT TO PARTICIPATE – FEDERAL ESSA PROGRAMS**

**School:**       **Telephone:**

**Address:**       **Principal:**

**City, State, Zip:**       **Email:**

|  |  |  |
| --- | --- | --- |
| **Will your school participate?Mark Yes or No** | **Program Description** | **District Contact Person** |
| [ ]  Yes[ ]  No | **Title I, Part A** – Provides Instructional Services to assist eligible students experiencing academic difficulty in reading and math. Schools are **required** to identify participating students and to provide related academic supporting data. Parent Involvement, Academic Counseling and Professional Development are also part of this grant. | Barbara Hill713-556-6928HISDPNP@houstonisd.org |
| If you have checked “Yes,” please complete the following:**Title I, Part A, Private School Grant Contact:**Name:       Phone:      Email:        |
| [ ]  Yes[ ]  No | **Title II, Part A** – Provides professional development (PD) for teachers, administrators, and other educational personnel to improve student achievement in academic subject areas and other eligible content (topics) per the grant. | Barbara Hill713-556-6928HISDPNP@houstonisd.org |
| If you have checked “Yes,” please complete the following:**Title II, Part A, Private School Grant Contact:**Name:      Phone:       Email:        |
| [ ]  Yes[ ]  No | **Title IV, Part A** – Provides resources for student support and academic enrichment. The grant focuses on three content areas: Well-Rounded Education Opportunities, Safe and Healthy Student Activities (Social-Emotional Counseling), and Effective Use of Technology (includes PD for All Content Areas). | Barbara Hill713-556-6928HISDPNP@houstonisd.org |
| If you have checked “Yes,” please complete the following:**Title IV, Part A, Private School Grant Contact:**Name:      Phone:      Email:       |

For questions or additional information regarding a specific program, email Barbara Hill, the District Contact Person**.**

This document informs the district of your intent to participate in the specified federal program.
HISD will request additional information via email to complete the participation process.

Entering your name below constitutes a binding digital signature.

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| --- |
| Click or tap here to enter text.Signature of Principal or Director **ONLY**  |

Due**Friday, February 14, 2025** via email at **HISDPNP@houstonisd.org**.