# 4j Needs Assessment and Program Development Plan for Title IIA

**Private School Students and Teachers**

**School:**

**Address:**

**Enrollment:**

**Private School Official/Primary Contact:**

**Phone Number:**

**Email Address:**

**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 your students’ academic achievement.

**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 each identified need and planned activities. (EXAMPLE: For an identified need of reading would be, “By May 2014, 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)***

**200 N. Monroe St. Eugene, OR 97402 Attn: Jeff Johnson**