

TITLE I–D SUBPART 2 QUALIFYING FACILITY CHANGE FORM



Local facilities and programs within district boundaries often open, change, or close. These changes must be communicated to the Oregon Department of Education. Please submit this form and any questions to federalprograms@ode.oregon.gov.

Date

School District

Locally Run Facility or Program Name

District Representative

Facility/Program Representative

Email:

Email:

Phone:

Phone:

Select the reason for submitting this form:

Facility Opening

Facility Closing

Program Change

Other

Briefly describe the reason for submitting this form

Qualification Facility/Program Questions

Please answer the following questions regarding the local facility or program

What organization runs this facility or program? (e.g. County Juvenile Detention, city or private organization)