Ohio | Department of Education

Title I-D Delinquent or Neglected Budget Details Page

FTEs Paid With Title I Funds (direct and/or contract service)

Instruction: Highly Qualified Teachers/Tutors	Instruction: ESEA Qualified Instructional Paraprofessionals
Support Services: Non-instructional	Specify Support Services Non-instructional FTE
Governance/Administration	Transition Coordinator
Other	Specify Other FTE

Use of Title I-D Funds - check one or more

- ☐ Education programs to prepare youth to complete high school, enter training or employment programs, or further their education
- ☐ Transition services: from correctional program in an institution to further education or employment

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- ☐ Dropout prevention: for youth returning from correctional facilities
- ☐ Dropout prevention: for at-risk children and youth
- ☐ Coordination of health and social services for at-risk children and youth
- ☐ Special programs for at-risk youth, including vocational and technical education, special education, career counseling, curriculum-based entrepreneurship, and assistance in securing student loans or grants for postsecondary education
- ☐ Mentoring or peer mediation programs

Program Areas

☐ Reading/Language Arts	☐ Math
☐ Programs of Support - Part D SEC.1422(b) (LEA requirement in certain circumstances - includes	☐ Other

transition services to prevent dropping out - see Help Screen)	

Grade Grouping Served

☐ Elementary	☐ Secondary
☐ Other	

Delivery Methods

☐ Computer Assisted Instruction	☐ Extended Learning
☐ In Class	☐ Teacher Mentoring Coaching
☐ Pullout	☐ Other

Average Daily Number Participants Served:

Purchased Services - Amounts paid for supplemental personal services rendered by personnel who are not on the payroll of the school district, and other supplemental services which the school district may purchase.

Instruction Purchased Services

Highly Qualified Teachers/Tutors	ESEA Qualified Instructional Paraprofessionals
Instructional materials	Equipment/Hardware
Software/License	Other Purchased Services (may not exceed 5% without History Log justification)
Other Purchased Services: Description	5% of budget cell = $0.00

Support Services Purchased Services

Mental Health Services	Counseling/Guidance
Library/Media Services	Software/License
Equipment/Hardware	Day Care
Instructional/Library Materials	Transition Services

Progress Monitoring	Other Purchased Services (may not exceed 5% without History Log justification)
Other Purchased Services: Description	5% of budget cell = $0.00

Supplies and Capital Outlay - The maximum recommended amount is 10% of the allocation for the sum of supplemental Supplies and Capital Outlay. Describe purchases in Supplies (500) and Capital Outlay (600).

Supplies - Provide an explanation that outlines how the funds are being spent for supplies.

Capital Outlay - Provide an explanation that outlines how the funds are being spent for capital outlay.

District/Institution Agreement Details Page

IRN	Institution Name	Allocation Amount
123456	**Sample A**	**$XX,XXX**

Primary Service Provider: ☐ LEA ☐ Other (If other, please complete the following.)

Organization Name		Contact Name	
Address		Phone	
City, State, Zip		Email	

Needs Assessment

Please provide a description of the institution's average youth population (e.g. average length of stay, youth age and gender, etc.).

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Describe the institution's program and any factors about the youth residents that might impact student learning and/or ability to meet program objectives. Consider including facility type (i.e. residential treatment, group home, detention center, etc.) and capacity as well as unique student needs or characteristics (i.e. English language learners, student disabilities).

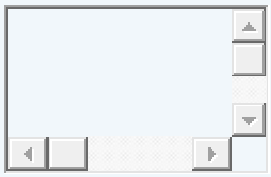
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Please summarize the previous and/or current year assessment data for the youth residents' performance in reading and mathematics. Include name of assessment used (i.e. Kauffman, WRAT, etc.).

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Parental Involvement

Please describe how the facility works to involve the parents in the educational achievement of their children.



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Program Objectives for Youth Participants - (check one or more)

☐ To maintain and improve educational achievement

☐ To accrue school credits that meet State requirements for grade promotion and secondary school graduation

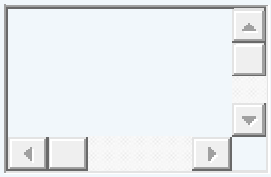
☐ To make transition to a regular program or other education program operated by a local educational agency

☐ To complete secondary school (or secondary school equivalency requirements) and obtain employment after leaving the correctional facility or institution for neglected or delinquent youth

☐ To participate in postsecondary education and job training programs

Services provided ☐ At institution ☐ In-district

Please give an overview of agreed upon supplementary services based upon the needs assessment and program objectives for the youth participants. As relevant, include any details regarding professional development, transition services, or other programs of support.



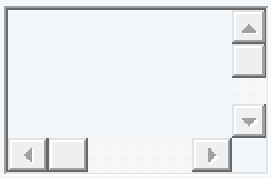
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List the multiple measures to be used in monitoring student progress toward program objectives (i.e. Kauffman, WRAT, etc.).



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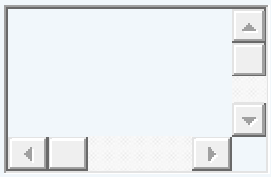
For each position, please identify the subject and estimated number of hours for programming.



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Agreement Meeting Date

List the names and titles of all attendees.



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Institution Contact for Program

Name Phone Email

District Contact

Name Phone Email