**ESSA 2020-2021 Participation Rate Improvement Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **School Name** |  | **Contact Person Name** |  |
| **School BEDS Code** |  | **Contact Person Title/Position** |  |
| **District Name** |  | **Contact Person Phone Number** |  |
| **District BEDS Code** |  | **Contact Person Email** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicate the Subject(s) and Subgroup(s) for which a Participation Rate Improvement Plan is Required:** | | | |
| **English Language Arts** | | **Mathematics** | |
| All Students  American Indian/Alaska Native  Asian or Native Hawaiian / Other Pacific Islander  Black or African American  Economically Disadvantaged | English Language Learners  Hispanic or Latino  Multiracial  Students with Disabilities  White  None / Not Applicable | All Students  American Indian/Alaska Native  Asian or Native Hawaiian / Other Pacific Islander  Black or African American  Economically Disadvantaged | English Language Learners  Hispanic or Latino  Multiracial  Students with Disabilities  White  None / Not Applicable |

| **Required Plan Component** | **School Response** |
| --- | --- |
| **Please provide a brief explanation of why the 2017-18 and 2018-19 school year participation rates were below 95%.** |  |
| **Provide a brief description of Consultation and Collaboration process for development of the plan.** |  |
| **List the Stakeholders who consulted and collaborated on the development of the plan, and the dates of meetings held.** |  |
| **Describe the chosen strategies and key activities to be implemented to improve Participation Rate at the school.** |  |

By signing below, the building principal, Superintendent, and Board of Education President/Board of Trustees President

certify that the 2020 – 21 PRIP has been approved and adopted by the district.

|  |  |
| --- | --- |
| Principal Name: |  |
| Principal Signature: |  |
| Date: |  |
|  |  |
| Superintendent’s Name: |  |
| Superintendent’s Signature: |  |
| Date: |  |
|  |  |
| Board President’s Name: |  |
| Board President’s Signature: |  |
| Date: |  |