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

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

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| --- |
| **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.

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