**FY20 Title I Parent and Family Engagement Input/Feedback Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF SCHOOL** | Alternative Learning Center | **SCHOOL’S TITLE I WEBSITE**  *(where Title I documents are posted)* | Alc.hallco.org |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please return completed form to: | Jeff Jenkins Alternative Learning Center 2723 Tumbling Creek Rd., Suite B [Jeff.Jenkins@hallco.org](mailto:Jeff.Jenkins@hallco.org) 770-534-6857  Gainesville, GA 30504 | | | | |
|  | *Name of Principal* | *School Name* | *Mailing Address* | *Email address* | *Phone Number* |

|  |  |  |  |
| --- | --- | --- | --- |
| **TITLE I COMPONENT** | **DO YOU HAVE SUGGESTIONS FOR CHANGES?** | | **SUGGESTIONS**  *(If you checked “Yes”, please write your*  *suggestions for changes in this column.)* |
| **Yes** | **No** |
| 1. **School Comprehensive Needs Assessment** |  |  |  |
| 1. **School/District Improvement Plans** |  |  |  |
| 1. **Parent and Family Engagement Policy/Plan** |  |  |  |
| 1. **School-Parent/Family Engagement Compact** |  |  |  |
| 1. **Parent and Family Engagement Budget - Use of Funds** |  |  |  |

*(If additional space is needed to record suggestions, please use the reverse side of this form. Thank you for your feedback.)*

**FY20 Formulario de Sugerencias/Comentarios de Participación de Padres y Familias Título I**

|  |  |  |  |
| --- | --- | --- | --- |
| **NOMBRE DE LA ESCUELA** | Alternative Learning Center | **PÁGINA WEB DE LA ESCUELA TÍTULO I**  *(donde se encuentran ubicados los documentos Título I)* | Alc.hallco.org |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Por favor regrese este formulario a: | Jeff Jenkins Alternative Learning Center 2723 Tumbling Creek Rd., Suite B [Jeff.Jenkins@hallco.org](mailto:Jeff.Jenkins@hallco.org) 770-534-6857  Gainesville, GA 30504 | | | | |
|  | *Nombre del director* | *Nombre de la escuela* | *Dirección* | *Correo electrónico* | *Número de Teléfono* |

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPONENTE TÍTULO I** | **¿TIENE SUGERENCIAS PARA CAMBIOS?** | | **SUGERENCIAS**  *(Si indicó “Si”, por favor escriba sus*  *recomendaciones en esta columna.)* |
| **SI** | **NO** |
| 1. **Evaluación Integral de las Necesidades Escolares** |  |  |  |
| **2. Planes de Mejora de la**  **Escuela/Distrito** |  |  |  |
| **3. Política/Plan de**  **Participación de Padres y**  **Familias** |  |  |  |
| **4. Convenio entre**  **Escuela-Padres/Familias** |  |  |  |
| **5. Uso de Fondos para la**  **Participación de Padres y**  **Familias** |  |  |  |

*(Si necesita espacio adicional para registrar las sugerencias, por favor utilice la parte de atrás de este formulario.Apreciamos sus recomendaciones.)*