California Department of Education April 2019

# **Title III Federal Addendum Consortium Summary Template**

All English learners will become proficient in English and reach high academic standards, at a minimum attaining proficiency or better in reading/language arts and mathematics.

**LEA Name:**

*[Enter LEA Name]*

**CDS Code:**

*[Enter CDS Code]*

**Fiscal Year:**

 *[Enter Fiscal Year]*

## **Plan to Provide Services for English Learner (EL) Students**

The consortium lead will summarize information from district-operated programs and provide descriptions of how LEAs in the consortium are meeting or plan to meet each requirement, as stated in the Memorandum of Understanding.

| **How will the LEA:** | **Persons Involved/Timeline (Optional)** |
| --- | --- |
| Provide effective professional development*[Enter how the LEA will provide effective professional development]* | *[Enter Professional Development: Persons Involved/Timeline (Optional)]* |
| Implement effective programs and activities*[Enter how the LEA will implement effective programs and activities]* | *[Enter programs and activities: Persons Involved/Timeline (Optional)]* |
| Ensure English proficiency and academic achievement*[Enter how the LEA will ensure English proficiency and academic achievement]* | *[Enter English proficiency and academic achievement: Persons Involved/Timeline (Optional)]* |
| Promote parent, family, and community engagement in the education of English learners*[Enter how the LEA will promote parent, family, and community engagement in the education of English learners]* | *[Enter parent, family, and community engagement: Persons Involved/Timeline (Optional)]* |

## **Other Authorized Activities**

LEAs receiving or planning to receive Title III EL funding may include authorized activities.\*

\*Please see the California Department of Education Title III Authorized Cost web page (<https://www.cde.ca.gov/sp/el/t3/authorizedcosts.asp>) for a list of authorized EL activities.

| **Describe all authorized activities chosen by LEA relating to:** Supplementary services as part of the language instruction program for English learners. | **Persons Involved/Timeline (Optional)** |
| --- | --- |
| *[Enter all authorized activities chosen by LEA relating to supplementary services as part of the language instruction program for English learners]* | *[Enter authorized activities: Persons Involved/Timeline (Optional)]* |