**Title I Schoolwide Plan Cover Page**

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|  | | | |
| Date of Review: |  | | |
| District Name: |  | | |
| School Name: |  | | |
| County-District-**School** Number:  xx-xxxx-xxx |  | | |
| Grades **Served** with Title I-A Funds:  *(PK is rarely served)* |  | | |
| Preschool program is supported with Title I funds. *(Mark appropriate box)* | | | Yes  No |
| Summer school program is supported with Title I funds. *(Mark appropriate box)* | | | Yes  No |
| Indicate subject area(s) of focus in this Schoolwide Plan. | | Reading/Language Arts  Math  Other  (Specify)\_     \_\_ | |
| School Principal Name: |  | | |
| School Principal Email Address: |  | | |
| School Mailing Address: |  | | |
| School Phone Number: |  | | |
| Additional Authorized Contact Person (Optional): |  | | |
| Email of Additional Contact Person: |  | | |
| Superintendent Name: |  | | |
| Superintendent Email Address: |  | | |

Submit Cover Page to([rhonda.wredt@nebraska.gov](mailto:rhonda.wredt@nebraska.gov)), at NDE Federal Programs Office by May 1st.