**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), at NDE Federal Programs Office by May 1st.