



AFFIRMATION OF TRIBAL CONSULTATION FOR LOCAL EDUCATIONAL AGENCIES

Name of LEA:
Superintendent: Contact Phone: Contact Email:
District Coordinator of Tribal Consultation (Federal Programs Director, Indian Education Director, Tribal Liaison, etc.):
Name and Title: Contact Phone: Contact Email:
Tribal Leader or Designee:
Name and Title: Contact Phone: Contact Email:
Check here if the Tribe or Tribal organizations did not respond to the LEA's repeated good-faith efforts for tribal consultation. Please describe the consultation efforts below and attach any accompanying documentation to this form (emails, letters, etc.)
Please list dates of attempts to conduct tribal consultation and tribal representative contacted, along with providing relevant documentation, letters sent, emails, etc.:

12-12-2024

Section 1

If consultation occurred, check the boxes and comment on topics discussed during the consultation process:

<input type="checkbox"/> How students' academic, cultural and linguistic needs will be identified and supported	<input type="checkbox"/> Parental Engagement
<input type="checkbox"/> Services that will be offered to support students' academic, cultural and linguistic needs	<input type="checkbox"/> Federal Title Programs
<input type="checkbox"/> Plan for delivery of services	<input type="checkbox"/> State grants opportunities
<input type="checkbox"/> Timeline of when services will be assessed and evaluated and communicated to Tribal partners	<input type="checkbox"/> Funding and equitable allocation of resources
<input type="checkbox"/> Student needs Assessment	<input type="checkbox"/> Systemic framework
<input type="checkbox"/> Accountability tool	<input type="checkbox"/> State Seal of Bilingualism-Biliteracy on Diploma of Excellence - Tribal Language Proficiency Certification for Students (high school only)
<input type="checkbox"/> Other topics – please explain:	

12-12-2024

AFFIRMATION AND SIGNATURES

Section 2

We confirm that a timely and meaningful consultation took place before the submission of this

Affirmation of Tribal Consultation. Additionally, we acknowledge that we engaged in timely and meaningful discussions regarding the programs, budgets, and available resources listed below, among other topics.

<input type="checkbox"/> Understanding Title I: Parts A, C and D	A. Improving Basic Programs Operated by State and Local Educational Agency C. Education of Migratory Children D. Prevention and Intervention Programs for Children and Youth who are Neglected, Delinquent, or At-Risk
<input type="checkbox"/> Understanding Title II, Part A	Supporting Effective Instruction
<input type="checkbox"/> Understanding Title III, Part A	English Language Acquisition, Language Enhancement, and Academic Achievement
<input type="checkbox"/> Understanding Title IV, Parts A & B	A: Student Support and Academic Enrichment Grants B: 21 st Century Community Learning Centers
<input type="checkbox"/> Understanding Title V, Part B Subpart 2	Rural and Low Income School Program
<input type="checkbox"/> Title VI, Part A, Subpart 1	Indian Education Formula Grants to Local Educational Agencies
<input type="checkbox"/> Title VII, Impact Aid	Indian Policies and Procedures Assurance tribal/parent input, Public Hearings, written input
<input type="checkbox"/> State grant opportunities	Indian Education Act , Indigenous Education Initiative Bilingual Multicultural Education Program Other-PED Grants
<input type="checkbox"/> Other Grants- please provide:	
Please provide a detailed narrative outlining the topics discussed during the consultation, including programs, services, data, budgets, applications, available resources, follow-up items, and the outcomes of the consultation. Additionally, include details about the next scheduled meeting.	

Printed Name of Superintendent or Designee

Signature of Superintendent or Designee Date

Printed Name of Tribal Leader or Proxy

Signature of Tribal Leader or Proxy Date