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**2021-2022 Random Validation Submission Packet**

**Federal Program Compliance Division**

**ESSA Title IV, Part A—Descriptions**

**Due Date: November 12, 2021**

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| --- | --- | --- | --- |
| **Date:** |  | **Page 1 of** |  |
| **ESC:** |  | **County District #:** |  |

|  |  |
| --- | --- |
| **LEA Name:** |  |

|  |  |
| --- | --- |
| **LEA Contact Name:** |  |
| **LEA Phone:** |  |
| **LEA Contact Email:** |  |

**Submission Instructions**

Submit this completed packet, including relevant documentation, by uploading it through the **ESSA Reports** application on TEAL **no later than November 12, 2021**.

**Comments (if applicable):**

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For Questions Contact: LaNetra Guess or [ESSASupport@tea.texas.gov](mailto:LaNetra.Guess@tea.texas.gov)

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| **County District #:** |  |
| **LEA Name:** |  |

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| --- |
| **Description of Title IV, Part A Funded Programs and Activities** |

| **Page Number(s)** | **Item #** | **Title IV, Part A Requirement** | **Compliance Status**  **(TEA Only)** | **Comment  (TEA Only)** |
| --- | --- | --- | --- | --- |
|  | 1.1 | **The most recent relevant pages of official auditable documentation providing detailed description(s) on programs and activities funded to support the program objectives and intended outcomes related to 1 content area.**  Relevant pages of the most current LEA’s District Improvement Plan (DIP) or other official auditable documentation providing a detailed description on how Title IV, Part A funds will be used for programs and activities supporting one of the content areas (well-rounded education, safe and healthy students, or the effective use of technology). | Met  IN\* |  |

\*IN = Improvement Needed

If the LEA receives “Improvement Needed” status, the LEA will be required to submit documentation for 2022-2023 for the same program requirements during resubmission Random Validation process. The resubmission documentation must be uploaded on ESSA Reports no later than **September 30, 2022**.

**TEA Only:**

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| **Reviewed by TEA Staff:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewed with ESC Staff**  **(if applicable) ESC Staff contacted:** |  | **Date:** |  |

**Referred to ESC #**       **for assistance (TEA Only)**