

PNP Planning Tool

LEA: _____ Date: _____

PNP: _____ Annual Consultation Date: _____

Annual Consultation Notes:

Plan for determining eligibility/exit:

Type(s) of Assessment(s): *(if applicable)*

Types of Materials/Equipment:

Types of Services:

Types of Professional Development:

Parental Component:

Required Documentation:

	<input type="checkbox"/> Identify on Grant Application
	<input type="checkbox"/> Report on the Consolidated Compliance Report
	<input type="checkbox"/> Complete Equitable Services Worksheet
	<input type="checkbox"/> Download and maintain PNP Participation Report

Program Evaluation:

<input type="checkbox"/> List the eligibility and exit process: - How did the eligibility and exit process function?	<input type="checkbox"/> List the types of parental components conducted: - How did the parental components function?
<input type="checkbox"/> Log materials and equipment: - Were the materials and equipment inventoried and/or returned?	<input type="checkbox"/> List the types of assessments provided: - Did the assessments provide the necessary information needed?
<input type="checkbox"/> List professional development provided: - How was professional development successful for ELLs and teachers?	<input type="checkbox"/> List the types of program services provided: - How did the program services support ELLs?