

**APPENDIX 6**  
**Sample Statement of Non-public School Consultation**

Name of ITQ (Title II A) project: \_\_\_\_\_

Public School District: \_\_\_\_\_

Non-public School/s within the District: \_\_\_\_\_

\_\_\_\_\_

This is to certify that the director of the above named project (or a designee) consulted with a representative of the non-public school/s named above and offered the school the opportunity to participate in the professional development activities.

Signature of Project Director: \_\_\_\_\_

Signature of non-public school representative: \_\_\_\_\_

Date of consultation: \_\_\_\_\_

**Note:** For a list of non-public schools, please consult the Nebraska Department of Education website: [www.education.ne.gov/APAC/Approval.html](http://www.education.ne.gov/APAC/Approval.html)