

## Proportionate Share Assurance

### Fiscal Year 2024–25; Resource Code 3310

Local Educational Agency (LEA) Name

Special Education Local Plan Area (SELPA) Name

SELPA Code

The major provisions regarding children with disabilities enrolled by their parents in private, including religious, elementary and secondary schools are located in the statute at section 612(a)(10)(A) of the Individuals with Disabilities Education Act (IDEA) and in the regulations at *Code of Federal Regulations*, Title 34, (34 *CFR*), sections 300.130 through 300.144. The IDEA requires that the local educational agency (LEA), after timely and meaningful consultation with both private school representatives and parent representatives, conduct a thorough and complete child find process to determine the number of parentally-placed children with disabilities attending private schools located in the LEA. These requirements also make clear the LEA's obligation to spend a proportionate share (PS) amount of IDEA Part B funds to provide equitable services to this group of children.

The LEA's PS amount of IDEA Part B funds to be provided for parentally-placed private school children with disabilities in the 2024–25 fiscal year is calculated using the Census Day October 6, 2023, child counts reported in the California Longitudinal Pupil Achievement Data System (CALPADS).

In conformance with this requirement, the LEA has determined the following:

☐ There are no private schools located in the LEA.

☐ There were no parentally-placed children with disabilities attending the private school located in the LEA. This determination was made after a timely and meaningful consultation with both private school representatives and parent representatives of parentally placed private school children with disabilities and after conducting a thorough and complete child find process to determine the number of parentally-placed children with disabilities attending the private schools located in the LEA.

The signature of authorized agent conveys agreement with and accuracy of the information provided.

Signature of Authorized Agent

Date Signed

Printed Name and Title of Authorized Agent

Contact Person's Name

Contact Person's Email

Contact Person's Telephone Number