California Department of Education Special Education Division

Proportionate Share Assurance, Individuals with Fiscal Year 2024–25, Resource Code 3315	n Disabilities Education Act 619
Local Educational Agency Name	
Special Education Local Plan Area (SELPA) Name	
SELPA Code	
The major provisions regarding children with disabilities enrolled religious, elementary schools are located in the statute at section Disabilities Education Act (IDEA) and in the regulations at <i>Code CFR</i> ), sections 300.130 through 300.144. The IDEA requires the after timely and meaningful consultation with both private school representatives, conduct a thorough and complete child find preparentally-placed children with disabilities attending private school requirements also make clear the LEA's obligation to spend a part B funds to provide equitable services to this group of child	on 612(a)(10)(A) of the Individuals with e of Federal Regulations, Title 34, (34 nat the local educational agency (LEA), ol representatives and parent ocess to determine the number of nools located in the LEA. These proportionate share (PS) amount of IDEA
The LEA's PS amount of IDEA Part B funds to be provided for with disabilities in the 2024–25 fiscal year is calculated using the and LEA's local student information system.	
In conformance with this requirement, the LEA has determined	the following:
There are no private schools located in the LEA.	
There are no private schools located in the LEA with chill Services Plan and attending a preschool program that is	•
There were no parentally-placed children with disabilities private schools located in the LEA. This determination we consultation with both private school representatives and placed private school children with disabilities and after child find process to determine the number of parentally attending the private schools located in the LEA.	vas made after a timely and meaningful diparent representatives of parentally conducting a thorough and complete
The signature of an authorized agent conveys agreement with, provided.	and accuracy of, the information
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	