

AFFIRMATION OF CONSULTATION WITH TRIBAL REPRESENTATIVES

For School Year Ending June 30, _____

Each affected Local Educational Agency (LEA) shall maintain in the agency's records and provide to the Arizona Department of Education a **written affirmation** signed by the appropriate officials of the participating tribes that the consultation required by **Section 8538 of the Every Student Succeeds Act (ESSA), Public Law 114-95** has occurred. To ensure **timely and meaningful** consultation on issues affecting American Indian and Alaska Native students, an affected LEA shall consult with **appropriate officials** from Indian tribes located in the area served by the LEA **prior to the LEA's submission of a required plan or application for a covered program under this Act**. Such consultation shall be done in a manner that provides the opportunity for Indian tribes to **meaningfully and substantively contribute** to such plan.

Check if the tribe/tribal organization has not responded to LEA's due diligence attempts for consultation.

(LEA must retain evidence for compliance monitoring) List dates & methods used: 1) _____,
 2) _____, 3) _____

Select all programs addressed during consultation:				Title I-A	Title I-C	Title I-D
Title II-A	Title III-A	Title IV-A	Title IV-B	Title V-B, Subpart 2	Title VI-A Subpart 1	
Other (specify): _____						

Tribal Opt-Out Option: WE HAVE been contacted by the LEA listed below and choose not to participate in consultation for this school year

WE AGREE that timely and meaningful consultation occurred before the LEA made any decision affecting the participation of our tribal students in any programs the LEA is operating under ESSA Section 8538.

WE AGREE that we have participated in meaningful and timely consultation prior to the LEA's submission of a required plan or application for a covered program under this Act or for a program under Title VI of this Act.

WE AGREE to continue collaboration throughout implementation of the covered program plan and assess the associated services provided. List future meeting dates for plan review: _____

Name of LEA: _____

LEA Superintendent: _____ Phone: _____

LEA ESSA Coordinator: _____ Phone: _____

Email: _____

Name of Tribe/Organization: _____

Address: _____

Tribal Representative: _____ Phone: _____

Email: _____

Tribal Representative: _____ Phone: _____

Email: _____

Note: If necessary, list additional representatives on a second page and upload.

SIGNATURES:

 Signature of Public School Superintendent or designee (required even if no response to requests for consultation)

 Date

 Tribal Official or Tribal Organization Official Signature Date

Authority to Represent the Tribe: I acknowledge I have the authority to sign on behalf of the Tribe