

**Title III Local Educational Agency Plan Performance Goal 2
Cover Sheet**

Local Educational Agency (LEA)/Lead LEA Name: _____

CDS Code: _____ **Fiscal Year:** _____

Member LEAs (for Consortia): _____

Please check all documents submitted:

LEA Plan Performance Goal 2 (please include page numbers for each section)

- Section A (p._____)**
- Section B (p._____)**
- Section C (p._____)**
- Section D (p._____)**
- Section E (p._____)**
- Section F (p._____)**
- Section G (p._____)**
- Section H (p._____)**

Needs Assessment (optional)

English Learner Subgroup Self Assessment (ELSSA) Tool (optional)