

A Technical Guide For Completing the SPSA Modification Template

The purpose of this guide is to provide step-by-step technical assistance to Title I schools in completing the SPSA (School Plan for Student Achievement) Modification template. For additional information regarding SPSA and budget requirements, please see the current LAUSD **Program and Budget Handbook**, which is posted on the FSEP webpage.

Step-by-Step Guide

The SPSA Modification template is a multiple-page document template, as shown below. It needs to be typed (except for signatures). Please note this guide if for Non-Pilot schools only.

Directions: If the SPSA Modification includes a budget adjustment, login to School Front End to generate a School Budget Signature Form and submit to the school's fiscal specialist after completing the SPSA Modification.
Check one box to indicate the program being modified:

Title I (7S046) Title I (7E046)
 CSI (7T691) Title III (7T197)
 CSI Carryover (7T961)

LOS ANGELES UNIFIED SCHOOL DISTRICT
2021-2022 School Plan for Student Achievement Modification

Check One:
 SWP
 TAS

School: _____ LD: 1 9 6 4 7 1 3 3 County District School

Contact Name: _____ Contact Phone: _____

Check reason for modification:

1. New allocation, salary savings, or release of Potential Funding Variance (PFV) 3. Revision to Evidence-Based Intervention (must complete Section 2 below; also complete Section 1 if funding affected)
 2. Revision of SPSA content with no change to budget 4. Revision of SPSA content and budget

For reasons 3 or 4 above, state what will be discontinued or defunded (if applicable): _____

What findings from your Needs Assessment led you to adopt this strategy? _____

Section 1

Goals	Focus Areas	Describe the effective strategies and actions selected to achieve the school's measurable objective.	Action Begin & End Date	Identify the Title of the position/staff responsible for monitoring the strategy	Budget Item Name	Budget Item No.	Budget Item Total Cost	Program Funding Code
<input type="checkbox"/> 100% Graduation <input type="checkbox"/> ELA <input type="checkbox"/> Mathematics <input type="checkbox"/> EL Programs	<input type="checkbox"/> Lesson Planning, Data Analysis, and PD <input type="checkbox"/> Effective Classroom Instruction <input type="checkbox"/> Interventions During and After the School Day and Other Supports							1

Revised 7-26-21

<input type="checkbox"/> Parent, Community, and Student Engagement	<input type="checkbox"/> Building Parent Capacity and Partnership							
<input type="checkbox"/> 100% Attendance, Suspensions, School Safety and Other Supports	<input type="checkbox"/> Student, Staff, Parent Engagement							
	<input type="checkbox"/> Student, Staff, Parent Communication							
	<input type="checkbox"/> Lesson Planning, Data Analysis, and Professional Development							
	<input type="checkbox"/> 100% Attendance, Suspensions, School Safety, and Other Supports							
	<input type="checkbox"/> Building Parent Capacity and Partnership							

Section 2

EVIDENCE-BASED INTERVENTIONS
 Guidance and Instructions: All schools must implement Evidence-Based Interventions as part of their improvement plan. Per ESSA, the term "intervention" can include activities, strategies, or interventions. Complete questions 1 through 7 below **only** if the evidence-based intervention that will be implemented is different or new as a result of this plan modification.
 If Section 2 does not apply to this modification, please check here:

1. **Student Groups:** Indicate the student group(s) that will be the focus of this evidence-based intervention.
 Students with Disabilities English Learners Foster Youth All Students
 Homeless Socioeconomically Disadvantaged Race/Ethnicity - Specify: _____

2. **Dashboard Indicator:** Identify all Dashboard indicators that this evidence-based intervention addresses.
 English Language Arts (3-8.11) Mathematics (3-8.11) English Learner Progress (1-12) Chronic Absenteeism (TK-12)
 Suspension Rate (TK-12) College/Career (9-12) Graduation Rate (9-12)

Revised 7-26-21

3. **Evidence Rating:** Indicate the Evidence Rating for the intervention.
 Strong, Moderate, Promising Demonstrates Rationale (not allowable for 7T691)

4. **Rating Rationale:** Indicate the source that was used to determine the rating.
 What Works Clearinghouse LAUSD Evidence-Based Intervention Bench Evidence for ESSA
<https://files.ed.gov/works-clearinghouse> <https://achievethecore.org/2019/04/11/evidence-for-essa/> <https://www.evidenceforessa.org/>
 Other - Specify and Provide Link to Study (include specific page number (s) for the evidence)

5. **Evidence-Based Intervention Name:** Indicate the name of the evidence-based intervention.

6. **Describe the Evidence-Based Intervention:** What is it? When/how often will it be offered? What student group(s) will it target?

7. **Describe how the evidence-based intervention will be evaluated and note clearly the measureable outcome(s) you will use to evaluate the effectiveness.**

 Type or Print Name of Principal Signature of Principal Date

 Type or Print Name of Local District COSA or Director Signature of Local District COSA or Director

 Type or Print Name of Local District Title I Coordinator Signature of Local District Title I Coordinator

Revised 7-26-21

 Type or Print Name of Local District EL Coordinator Signature of Local District EL Coordinator Date

 Type or Print Name of Local District PACE Administrator Signature of Local District PACE Administrator Date

I certify that the SPSA Modification has been prepared in accordance with EC Section 64001(i) and all corresponding documentation is on file at the school site.
 (Principal's signature: _____)

The SPSA Modification must be approved by the school's Community of Schools Administrator or Director and, as applicable, reviewed by the appropriate Local District Program Coordinators/Administrators.

Revised 7-26-21

Directions: If the SPSA Modification includes a budget adjustment, login to School Front End to generate a School Budget Signature Form and submit to the school's fiscal specialist after completing the SPSA Modification.

Check one box to indicate the program being modified:

Title I (7S046) Title I (7E046) **1**
 CSI (7T691) Title III (7T197)
 CSI Carryover (7T961)

LOS ANGELES UNIFIED SCHOOL DISTRICT

2021-2022 School Plan for Student Achievement Modification

Check One:

SWP **2**
 TAS

School: **3** **LD:** **4** **County:** 1 9 6 **District:** 4 7 3 3 **School:** **5**

Contact Name: **6** **Contact Phone:** **6**

Check reason for modification: **7**

1. New allocation, salary savings, or release of Potential Funding Variance (PFV) 3. Revision to Evidence-Based Intervention (must complete Section 2 below; also complete Section 1 if funding affected)
 2. Revision of SPSA content with no change to budget 4. Revision of SPSA content and budget

For reasons 3 or 4 above, state what will be discontinued or defunded (if applicable): **8**

What finding(s) from your Needs Assessment led you to adopt this strategy? **9**

- 1) Please check the box(es) that correspond(s) to the specific federal program(s) that is/are the subject of the proposed modification. It is recommended that any modification of Program 7E046 be prepared on a separate stand-alone modification document. Other Title I Programs (e.g., 7S046 and 7T691) can be combined in one document. Please confirm this information with your LD Title I Coordinator
- 2) Please check the Title I Program model implemented at the school.
- 3) Please insert the full school name.
- 4) Please insert the Local District
- 5) Please insert the seven-digit "School" part of the school's CDS (County-District-School) code issued by the CDE. One easy way to find a school's complete CDS code is by looking up the school's profile at the following link: <https://www.cde.ca.gov/SchoolDirectory/>
CAUTION: DO NOT USE the school's location code or cost center code.
- 6) Please insert the name and phone number of the person who will serve as the school's main point of contact for any questions or issues related to the SPSA Modification. (Typically, it is the Title I Coordinator/Designee, who presumably prepared the SPSA Modification template and is usually, but not necessarily, the SPSA Contact identified on the "School Identification" tab of the SPSA Online platform.)
- 7) Please check the box(es) that describe(s) the reason(s) that the school is modifying its SPSA.
 - **Box #1** applies only if the school is budgeting funds that have been placed in "Pending Distribution" due to one or more of the following circumstances:
 - Additional allocation of funds by the District
 - Recovery of salary savings (from a closed position that the school has been

unable to fill or has experienced a significant delay in filling) NOTE: Be sure to ascertain the correct amount of savings in consultation with the school's LDNW Fiscal Specialist

- District release of funds from Potential Funding Variance
 - **Box #2** applies only if the school is changing its SPSA but not the corresponding Title I budget.
 - **Box #3 only** applies if the modification will replace or make any material changes to its Evidence-Based Intervention(s) described in the "Resource Inequities and Evidence-Based Interventions" tab (section) of the SPSA.
 - **Box #4** applies when there is a revision of SPSA content and budget. Most modifications that entail any changes to the program's existing budget fall under this box
- 8) Please complete this box if Reason #3 or #4 were chosen in the box above. In this box, state what budget items are being defunded.
- 9) Discuss the needs that are being met to improve the academic program, based on the data that was reviewed.

Section 1								
Goals 10	Focus Areas 10	Describe the effective strategies and actions selected to achieve the school's measurable objective. 11	Action Begin & End Date 11	Identify the Title of the position/staff responsible for monitoring the 12	Budget Item Name 13	Budget Item No. 13	Budget Item Total Cost 14	Program Funding Code 15
<input type="checkbox"/> 100% Graduation <input type="checkbox"/> ELA <input type="checkbox"/> Mathematics <input type="checkbox"/> EL Programs	<input type="checkbox"/> Lesson Planning, Data Analysis, and PD <input type="checkbox"/> Effective Classroom Instruction <input type="checkbox"/> Interventions During and After the School Day and Other Supports <input type="checkbox"/> Building Parent Capacity and Partnership							
<input type="checkbox"/> Parent, Community, and Student Engagement	<input type="checkbox"/> Student, Staff, Parent Engagement <input type="checkbox"/> Student, Staff, Parent Communication							
<input type="checkbox"/> 100% Attendance, Suspensions, School Safety, and Other Supports	<input type="checkbox"/> Lesson Planning, Data Analysis, and Professional Development <input type="checkbox"/> 100% Attendance, Suspensions, School Safety, and Other Supports <input type="checkbox"/> Building Parent Capacity and Partnership							

- 10) Please check all of the SPSA Goals and Focus Areas to which the SPSA Modification specifically pertains. At least one Goal and at least one corresponding Focus Area must be checked.
- 11) Please provide a brief description of each strategy, specifying how it will help the school improve its academic program in order to meet its measurable objective(s) and the needs identified in Box 9 above. ~~of its at-risk students~~. Then, specify the action(s)/expenditure(s) that the school will undertake in order to implement the strategy and how the action/expenditure will support implementation of the strategy. Include the appropriate date span for when this strategy/action will take place. If the date span covers several specific dates, please include those dates in the description narrative
- 12) Please describe what position(s) will be responsible for ensuring high quality implementation of

the planned strategy/action.

- 13) Please identify the appropriate budget item name(s) and number(s) for inclusion in these respective columns.

CAUTION: Please be sure to use Budget Item #s and not Commitment Item #s.

- 14) Please insert the total amount of the described expenditure. ***This amount should match the amount for the same budget item in the BAR (School Budget Signature Form).*** Any break-down of costs should be included in the description narrative (in Column 11) and not in this column.
- 15) Please specify the program fund code(s) to which the budgeted item(s) pertain(s). This column needs to match the box(es) check-marked at the top of the template (see #1 above).

NOTE: Please make sure the Budget Adjustment Request (BAR), if any, exactly matches the SPSA Modification in terms of reason(s) for request, budget items, and budget amounts.

Section 2

EVIDENCE-BASED INTERVENTIONS

*Guidance and Instructions: All schools must implement Evidence-Based Interventions as part of their improvement plan. Per ESSA, the term "intervention" can include activities, strategies, or interventions. Complete questions 1 through 7 below **only** if the evidence-based intervention that will be implemented is different or new as a result of this plan modification.*

If Section 2 does not apply to this modification, please check here:

1. Student Groups: Indicate the student group(s) that will be the focus of this evidence-based intervention.

Students with Disabilities English Learners Foster Youth All Students
 Homeless Socioeconomically Disadvantaged Race/Ethnicity – Specify:

2. Dashboard Indicator: Identify all Dashboard Indicators that this evidence-based intervention addresses.

English Language Arts (3-8,11) Mathematics (3-8,11) English Learner Progress (1-12) Chronic Absenteeism (TK-12)
 Suspension Rate (TK-12) College/Career (9-12) Graduation Rate (9-12)

3. Evidence Rating: Indicate the Evidence Rating for the intervention.

Strong, Moderate, Promising Demonstrates Rationale (not allowable for 7T691)

4. Rating Rationale: Indicate the source that was used to determine the rating.

What Works Clearinghouse LAUSD Evidence-Based Intervention Bench Evidence for ESSA
<https://ies.ed.gov/ncee/wwc/fw> <https://achieve.lausd.net/Page/14464> <https://www.evidenceforessa.org/>
 Other – Specify and Provide Link to Study (include specific page number (s) for the evidence)

5. Evidence-Based Intervention Name: Indicate the name of the evidence-based intervention.

6. Describe the Evidence-Based Intervention: What is it? When/how often will it be offered? What student group(s) will it target?

7. Describe how the evidence-based intervention will be evaluated and note clearly the measurable outcome(s) you will use to evaluate the effectiveness.

- 16) **Complete Section 2 ONLY if the school is modifying its Evidence-Based Intervention.** If the school is NOT modifying (significantly changing or replacing) the Evidence-Based Intervention identified on the “Resource Inequities and Evidence-Based Interventions” tab (section) of its approved SPSA, then please check the box and leave the remaining provisions in Section 2 blank.

- 17) If the school will be modifying its Evidence-Based Intervention, Section 2 will need to be completed.

Please complete all seven prompts in this section.

	_____	_____	_____
	Type or Print Name of Principal	Signature of Principal	Date
	_____	_____	_____
	Type or Print Name of Local District COSA or Director	Signature of Local District COSA or Director	Date
	_____	_____	_____
	Type or Print Name of Local District Title I Coordinator	Signature of Local District Title I Coordinator	Date
	_____	_____	_____
	Type or Print Name of Local District EL Coordinator	Signature of Local District EL Coordinator	Date
	_____	_____	_____
	_____	_____	_____
	Type or Print Name of Local District PACE Administrator	Signature of Local District PACE Administrator	Date
<div style="border: 1px solid black; background-color: #e0f0e0; padding: 5px;"><input type="checkbox"/> I certify that the SPSA Modification has been prepared in accordance with EC Section 64001(i) and all corresponding documentation is on file at the school site. (Principal's signature: _____).</div>			
<p>The SPSA Modification must be approved by the school's Community of Schools Administrator or Director and, as applicable, reviewed by the appropriate Local District Program Coordinators/Administrators.</p>			

- 18) Please be sure to obtain both the principal's signature for approval and for certification of maintaining the necessary evidence of SSC approval, highlighted in green above, when submitting a school approved SPSA Modification to the LD for review. As a reminder, an SPSA Modification is not approved until all Local District Reviewers have signed off and the school's Fiscal Specialist has posted the BAR (if applicable).

