Broward County Public Schools
Federal Programs Department
2026-2027
Title I Addendum
FEEDBACK FORM

School Name: Atlantic West **Location:** 2511 **Review Date:** 9/28/26	**Completed**	**Incomplete/ Needs Revision**	**Comments:**
1. Comprehensive Needs Assessment	☑	☐	
2. Strategies to attract high-quality, highly qualified teachers	☑	☐	
3. Title I, Part A (funds used)	☑	☐	
4. Title I, Part C (Migrant)	☑	☐	
5. Title I, Part D (Neglected, Delinquent)	☑	☐	
6. Title II (Professional Development)	☑	☐	
7. Title III (ESOL)	☑	☐	
8. Title IX (Homeless)	☑	☐	
9. Supplemental Academic Instruction (SAI)	☑	☐	
10. Violence Prevention	☑	☐	
11. Nutritional Program	☑	☐	
12. Housing Program	☑	☐	
13. Head Start	☑	☐	
14. Adult Education	☑	☐	
15. Career and Technical Education	☑	☐	
16. Job Training	☑	☐	
17. Pre-School Transition/Middle and/or High School Orientation(s)	☑	☐	
18. Other	☑	☐	
19. Professional Development Plan	☑	☐	

Please Provide:

1. **Approved School Board Cover Letter**
2. **Approved 26-27 School Improvement Plan**
3. **Approved 26-27 Title I Addendum**
4. **Approved Feedback Form**

Revision(s) Needed:

Refer to the comments above for the corrections needed and re-upload the revised Title I Addendum. Contact your assigned Program Specialist for additional support and guidance.

Approved by: Paula Canady **Date:** 9/28/26