Superintendent Program Review Assurances

School District:	
District Address:	
Superintendent Name:	
Phone:	
E-mail:	

As Superintendent of the _____school district, I declare that all schools in the district are in compliance with all assurances or have provided explanation(s) for any assurance not confirmed. These assurances were approved at a regular meeting of the _____Board of Education on _____. The approval is contained in the board minutes that are available for review at the district's central office. All information related to these assurances is available for review upon request. Each school's signed assurances are attached.

2016-17 Requirements

- ❑ Completion of two of the Program Reviews (Visual and Performing Arts & PLCS) and entered results in ASSIST by June 15, 2017.
- ❑ Completion of assurance statements at the school level for the purpose of program improvement.
- ❑ Submission of an aggregated online report to the Kentucky Department of Education by June 15, 2017 in order to fulfill compliance with KRS 158.305 (10) that details:
  - The total number of students receiving targeted or intensive academic and/or behavioral interventions.
  - The total number of students who exited targeted or intensive academic and/or behavioral interventions.
  - The types of scientifically based research interventions utilized in the district, including particular programs, strategies and resources used for their implementation.

_____ _____

Superintendent Signature **Date**