**Note:** Use of this form is optional. LEAs may submit a letter of intent.

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| **School District**: Click or tap here to enter text. |
| **School Name:** Click or tap here to enter text. |
| **School Principal:** Click or tap here to enter text. |
| **School’s Address:** Click or tap here to enter text. |
| Expected **date** the school will become a schoolwide program: Click or tap here to enter text. |
| The name of the district’s optional outside technical assistance provider unless the LEA and  school support team are utilized: Click or tap here to enter text. |
| **Please check the assurances.**  An assurance that the school staff made the decision to become a schoolwide  program.  An assurance that the school will meet the plan development requirements in the  Elementary and Secondary Education Act of 1965 (ESEA), Section 1114 (as amended  by ESSA section 1114).  An assurance that the LEA will provide the necessary technical assistance and  support to the school.  If the LEA deems that it is not necessary for the school to develop a comprehensive  plan during a full one-year period, an assurance that the school conducted appropriate  planning with support from the LEA.  An assurance that the LEA will make available the schoolwide plan when requested by  the Georgia Department of Education (GaDOE) or the Georgia Department of  Audits. |
| Superintendent’s Name: Click or tap here to enter text.  **Signature below certifies agreement to all assurances.**  Signature of Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click or tap here to enter text. |