**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. |