

2014-2015 Assurance Form Cover Sheet

Please submit one cover sheet per LEA, along with one set of completed assurance pages that will apply to all school(s) listed. Copy and submit an additional coversheet if needed to accommodate a larger number of schools.

District Contact Person for Plan(s):

Name: _____ Telephone: _____
 Position: _____ Email: _____

Name and Number of LEA

Name of School(s) Required to Submit AMO Continuous Improvement (SMART Goals)	Date Approved by LEA

Name of School(s) Required to submit Continuous Improvement Plan	Date Approved by LEA

Name of School(s) Required to submit Rapid Improvement Plan	Date Approved by LEA

Name of School(s) Required to submit Turnaround School Plan	Date Approved by LEA

IDAHO STATE DEPARTMENT OF EDUCATION
Elementary and Secondary Education Act as Reauthorized in 2001

**2014-2015 Improvement Planning and Implementation
Statement of Assurance**

The Local Educational Agency (LEA) hereby declares that it has abided by all the planning and implementation requirements of district and school improvement. By providing the signatures below, the LEA assures the Idaho Department of Education that:

- Schools with 4 and 5 star ratings that did not meet their AMO's for two consecutive years have submitted AMO Continuous Improvement Plans to the district for approval.
- The School-level Improvement, Continuous, Rapid and Turnaround Plans (listed on attached 2014-2015 Assurance Form Cover Sheet) have been subject to a documented, meaningful, and thorough district-level review process prior to providing LEA approval and are being submitted in their final form for state verification.
- The District has partnered, as applicable, with any schools in Turnaround Planning to ensure a successful plan for alternative governance and will hold the school accountable accordingly.
- The District Improvement Plan was developed by a district leadership team and accurately represents the goals of the Superintendent and Board of Trustees.

Legal Name and Address of Local Education Agency (LEA):	
To the best of my knowledge and belief, all data in these plans are true and correct. The governing body of the applicant has duly authorized these plans, and the applicant will comply with the above assurances.	
Print Name of Superintendent or Authorized Representative:	
Signature of Superintendent or Authorized Representative:	Date:
Print Name of Board of Trustees Chair:	
Signature of Board of Trustees Chair:	Date: