**CEP - NEW 4 YEAR CYCLE CHECKLIST**

This form must be completed by all schools currently participating in Community

Eligibility Provision for the upcoming school year that will begin a new 4 year cycle.

**Date**

**School District**

**Contact**

**Phone Email**

1. **First Year of CEP Implementation in school system \_\_\_**\_-**\_\_\_**

(Year you first implemented CEP in your district)

**2) Current 4 Year Cycle Implementation -\_\_\_\_\_\_**

(If different from #1 above - Due to modifications from CEP implementation cycle)

**3) Give explanation as to why you are beginning a new 4 year cycle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* You must attach current CEP-Identified Student Percentage (ISP) Determination Worksheet, **including grand totals.**
* Please attach a copy of the most recent Participation Percentage Letter

**\*\*\* Explain reason for the changes.**

**4) Contact Area Consultant and set up date for confirmation and validation of CEP\_ISP Determination Worksheet. Tentative Date is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Georgia Department of Education

Richard Woods, Georgia’s School Superintendent  
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