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

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| --- | --- |
| **School District**: |  |
| **School:** |  |
| **School Principal:** |  |
| **School’s Address:** |  |
| School technical assistance provider (for example, individual consultant) Provide qualifications for consultants. |  |
| Expected date the school will become a schoolwide program |  |
| Please check and initial 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 (Department) or the Georgia Department of  Audits.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print or Type Superintendent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Superintendent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*Signature certifies agreement to all assurances)* |