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

|  |  |  |
| --- | --- | --- |
| **School District**: |  | |
| **School:** |  | |
| **School Principal:** |  | |
| **School’s Address:** |  | |
| School technical assistance provider and qualifications (for example, individual consultant) | |  |
| 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)* | | |