Title I School Plan-Statement of Assurance

School Name:	Principal:
Title I Program: Schoolwide ( )	School Year:
School Status: ___CSI ___TSI	

Statement of Assurances- -We assure that:

_____ We will submit amendments to this plan for approval by the Federal Programs Director *BEFORE* implementing any changes to it (i.e. employing additional personnel).

_____ We will adopt and implement programs based on scientific educational research related to reading and/or mathematics. For example, programs that extend learning opportunities through extended time.

_____ We will use Title I funds to significantly improve the quality of instruction by providing staff with substantial opportunities for professional development.

_____ Title I pullout service will comprise less than 25% of time regularly scheduled for the subject on a weekly basis.

_____ All teachers and paraprofessionals working in programs supported by Title I funds will be *highly qualified* (consistent with Section 1119) verified by the school principal. In Schoolwide schools; ALL teachers/paraprofessionals will be highly qualified.

_____ We will prepare and disseminate school performance profiles; keep records, and provide information for the Title I evaluation.

_____ We will use federal Title I funds to supplement, and not supplant, state and/or local funds.

_____ We will implement programs/activities/procedures for parental involvement.

_____ We request that Parent Involvement funds be used to support parenting activities and supplies.

_____ We will assign Title I paid staff duties consistent with those performed by other state paid teachers/assistants in similar positions.

_____ We will use fiscal control and accounting procedures that will ensure proper disbursements of, and accounting for federal Title I funds.

_____ We will retain title and control of property/equipment purchased with Title I funds.

_____ We will be responsible for repayment of Title I funds in the event of an audit exception resulting from expenditures/use of Title I funds at this school.

_____ We will make no policy that prohibits/denies constitutionally protected prayer.

_____   _____
Principal   **School Improvement Team Chair**

_____   _____
Parent (Not a PCS Employee)   **Date**

Please send an ORIGINAL checked/signed copy of this Statement of Assurances page *through the courier* to the Federal Programs Office –Moye Annex.   ***<u>Do Not Fax or Email!</u>***

Upload a copy into the District Data Dashboard.