

Comprehensive and Targeted Support Schools LEA ASSURANCES

THIS AGREEMENT made the _____ day of _____, 20 ____, by and between _____ hereafter called the LEA and Arizona Department of Education (ADE).

By indicating with a mark on the below items, the LEA or Charter Holder fully and completely assures that it will:

- ☐ Complete and submit the Self-Readiness Assessment, on-site readiness report or local needs assessment. (Upload to ALEAT file cabinet.)
- ☐ Develop a comprehensive LEA and School Continuous Improvement Plan with strategies and action steps tied to the 7/chosen Turnaround Principles. (Use Comprehensive and Targeted Support and Principle # tags in the CIP on ALEAT.)
- ☐ Establish annual SMART goals in the L/SCIP for addressing increased achievement in math and reading for all students.
- ☐ Establish annual SMART goals in the L/SCIP for addressing increased achievement in math and reading for the bottom quartile (the neediest) students.
- ☐ The LEA and school will use the L/CIP as the action plan for meaningful interventions to improve student achievement.
- ☐ Update, delete, retire or add strategies and action steps to the L/SCIP at least quarterly.
- ☐ Ensure that the principal has the necessary operational flexibility to implement Turnaround strategies.
- ☐ Incorporate structures that provide sufficient time for professional learning communities (PLCs) (weekly 60-90 minutes minimum).
- ☐ Implement a balanced assessment strategy, data systems, effective data analysis and data driven instructional practices. Include effective common interim assessments at least three times a year.
- ☐ Complete and submit EDFacts data when requested by ADE.
- ☐ Identify an LEA contact person who will oversee implementation activities, maintain contact with Support and Innovation (SI) staff, and accompany ADE SI staff during site visits at the school upon request.

In addition:

- ☐ If the LEA chooses an educational service provider (external provider), the LEA representative will provide ADE SI a copy of the process for selecting external providers, as requested.
- ☐ An evaluation of educational service provider services will be conducted and sent to ADE, as requested.
- ☐ I understand that at any time during the grant period funds can be discontinued for misuse of funds or lack of evidence of Continuous

Improvement Plan implementation on the part of the school and/or LEA/Charter Holder.

- ☐ I understand if the conditions herein are not adhered to or sufficient progress is not being made, a corrective action plan will be written and implemented.
- ☐ If the LEA does not provide evidence of implementation within six months of the corrective action plan, school improvement grant funds will be discontinued.

LEA/school with a Comprehensive and Targeted Support Grant

We do not have a grant ☐

By indicating with a mark on the below items, the LEA or Charter Holder fully and completely assures that it will:

- ☐ Ensure that Comprehensive and Targeted Support Grant funds are used only to supplement the funds that would, in the absence of such Federal funds, be made available from non-Federal sources for the education of pupils participating in programs assisted under this part, and not to supplant such funds as required by Title I, Part A.
- ☐ Use the Comprehensive and Targeted Support Grant funds to fully and effectively implement all 7 Turnaround Interventions for each Comprehensive Support School and/or Principle 5 (using data to inform instruction) plus other Principles aligned to the reason for identification for each Targeted Support School.
- ☐ Ensure appropriate fiscal oversight of the use of grant funds by ensuring that purchases are consistent with the terms and conditions of the Comprehensive and Targeted Support Grant funds, state and federal accounting requirements, and that the LEA's accounting system meets the standards required of its financial management system as detailed in 34 CFR § 80.20.
- ☐ Submit revisions for any fiscal or programmatic change after conferring with the designated Education Program Specialist (EPS)
- ☐ Ensure appropriate fiscal oversight by ensuring the reimbursement requests are made monthly.
- ☐ Provide an up to date detailed expense report to the designated EPS quarterly.

Signatures below indicate knowledge and commitment to fulfilling all assurances checked in this document.

Board President Signature _____ **Date**_____

Superintendent Signature _____ **Date**_____

LEA Name _____