

Notice of Authorization of a Schoolwide Program

(Please print or type all information.)

County: _____ School District: _____

School: _____ CDS Code (14 digits): _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/

Street Address: _____

City: _____ Zip: _____

Principal: _____ Telephone: _____

FAX: _____ E-mail: _____

Categorical Program Director: _____ Telephone: _____

FAX: _____ E-mail: _____

District Criteria Utilized to Establish Poverty Level of School (provide actual percentage)

Free/ Reduced Lunch ___% AFDC ___% Combination ___% Other ___%

To meet ESEA requirements, each school must receive technical assistance during the process of completing its comprehensive needs assessment and its schoolwide program (SWP) plan. Please indicate the *entity* as well as the *individual(s)* within the entity who served your school in this capacity:

- Regional System of District and School Support (RSDSS) _____
- County Office of Education _____
- External Coaches/Consultants _____
- Institution of Higher Education _____
- Other _____

The undersigned certify this school is at least 40% poverty level as indicated above, and also, that the SWP plan incorporates the ten federally required components as listed on the California Department of Education SWP Web page located at <http://www.cde.ca.gov/sp/sw/rt/>

Superintendent: _____ Date: _____

Principal: _____ Date: _____

Date of Local Board Approval: _____

Mail completed notice to:

School Improvement and Title I Basic Office
California Department of Education
1430 N Street, Room 6208
Sacramento, CA 95814-5901