

**2019-2020 Every Student Succeeds Act (ESSA) and Selected Florida Statutes Monitoring
Title II Self-Evaluation Certification Form**

Local Education Agency: _____

Assurances: A1, A2, A3, A4, A5, and A6

Compliance Items: C1, C2, C3, C4, C5, and C6

Program	Compliance Status	Program Contact Information
Title II Part A, Supporting Effective Instruction	Requirements Met:	Name Email Phone
	Requirements Not Met / Further Action Required (System Improvement Plan Required):	
	Not Applicable*:	

***If not applicable because the LEA does not participate in this program, please indicate this.**

I, _____ (*type or print name of Superintendent*) do hereby certify that all facts, figures, and representations reported herein are true, correct, and consistent with the requirements set forth in the Every Student Succeeds Act (ESSA) and cited sections of the Uniformed Guidance and Florida Statutes. Furthermore, all applicable statutes, regulations, procedures, and administrative requirements have been implemented to ensure proper accountability for the expenditures of funds. All records necessary to substantiate these requirements will be available for review by appropriate federal and state personnel.

Signature of Superintendent

Date

Submit this form electronically with superintendent signature to:

Title2A@fldoe.org

You are NOT required to paper mail this form.