

## 2001-2002 TITLE I SCHOOLWIDE PLANNING SUPPORT TEAM NEEDS

**School District** \_\_\_\_\_ **District Code** \_\_\_\_\_

<u>Participating Schools</u>	<u>Poverty %</u>	<u>Support Team Option Desired (Please check one)</u>			
_____	_____	___Lezotte	___State Accred. T.A.*	___N. Central	___Other (Identify)_____
_____	_____	___Lezotte	___State Accred. T.A.*	___N. Central	___Other (Identify)_____
_____	_____	___Lezotte	___State Accred. T.A.*	___N. Central	___Other (Identify)_____
_____	_____	___Lezotte	___State Accred. T.A.*	___N. Central	___Other (Identify)_____
_____	_____	___Lezotte	___State Accred. T.A.*	___N. Central	___Other (Identify)_____
_____	_____	___Lezotte	___State Accred. T.A.*	___N. Central	___Other (Identify)_____

\* Northern Michigan Learning Consortium, West Michigan Student Achievement Consortium

Schools with a poverty percentage between 35 and 50 percent are eligible under the Ed-Flex waiver approved by the State Board of Education. Adequate Yearly progress will be tracked separately for these schools to assess the impact of the waiver. Districts participating in the Ed-Flex waiver must complete the following assurance:

I, the undersigned, hereby assure that the district will comply with federal requirements for maintenance of effort, comparability of services, equitable participation of students and staff in private schools, parental participation and involvement, distribution of funds, and civil rights and health and safety requirements.

**Superintendent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return this form no later than March 1, 2001 to:**

Telephone: (517) 373-3921    Fax: (517) 335-2886

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