2018-2019 SINGLE PLAN FOR STUDENT ACHIEVEMENT
RECOMMENDATIONS AND ASSURANCES

SCHOOL NAME:

SITE CONTACT PERSON:

PHONE: FAX: E-MAIL ADDRESS:

Indicate which of the following Federal and State Programs are consolidated in this SPSA (Check all that apply):

☐ Title 1 Schoolwide Programs (SWP)

The School Site Council (SSC) recommends this school’s site plan and its related expenditures to the district Board of Education for approval, and assures the Board of the following:

1. The SSC is correctly constituted, and was formed in accordance with SDUSD Board of Education policy and state law.

2. The SSC reviewed its responsibilities under state law and SDUSD Board of Education policies, including those Board policies relating to material changes in the school plan requiring Board approval.

3. The SSC sought and considered all recommendations from the following site groups or committees before adopting this plan.

CHECK ALL THAT APPLY TO YOUR SITE AND LIST THE DATE OF THE PRESENTATION TO SSC:

☐ English Learner Advisory Committee (ELAC) Date of presentation: _____

☐ Community Advisory Committee for Special Education Programs (CAC) Date of presentation: _____

☐ Gifted and Talented Education Program Advisory Committee (GATE) Date of presentation: _____

☐ Site Governance Team (SGT) Date of presentation: _____

☐ Other (list): ___________________________ Date of presentation: _____

4. The SSC reviewed the content requirements for school plans of programs included in the site plan and believes all such content requirements have been met, including those found in SDUSD Board of Education policies and in the Local Educational Agency (LEA) Plan.

5. The site plan is based upon a thorough analysis of student academic performance. The actions proposed herein form a sound, comprehensive, coordinated plan to reach stated school goals to improve student academic performance.

6. The site plan or revisions to the site plan were adopted by the SSC on: _____

The undersigned declare under penalty of perjury that the foregoing is true and correct and that these Assurances were signed in San Diego, California, on the date(s) indicated.

________________________________  ____________________  ____________________
Type/Print Name of School Principal    Signature of School Principal    Date

________________________________  ____________________  ____________________
Type/Print Name of SSC Chairperson     Signature of SSC Chairperson    Date

________________________________  ____________________  ____________________
Type/Print Name of Area Superintendent Signature of Area Superintendent    Date

Submit Document With Original Signatures To:
Financial Planning, Monitoring and Accountability Department
Eugene Bruckner Education Center, Room 3209

Revised 03.08.18 mj