

One Plan Implementation Assurance Form

This form serves as an official assurance that the educational agency has completed all required steps of the special education desk review and is actively implementing the strategies and action steps outlined in the One Plan.

Educational Agency Name: _____ IRN: _____

Educational Agency Address: _____

Contact Person: _____ Contact Phone Number: _____

Contact Email: _____

ASSURANCE STATEMENT

The educational agency has completed all the required steps of the special education desk review process as outlined in the guide. This includes, but is not limited to:

- Creating an Internal Monitoring Team Process
- Conducting a comprehensive needs assessment
- Analyzing data to identify special education priority areas
- Developing strategies and action steps to address identified the special education priority areas

The educational agency further assures that it is actively implementing the strategies and action steps outlined in the One Plan.

Special Education Director

Name (Printed): _____

Signature: _____ Date: _____

Educational Agency Superintendent:

Name (Printed): _____

Signature: _____ Date: _____