

One Plan Implementation Assurance Form

Educational Agency Name: _____ IRN: _____

Educational Agency Address: _____

Contact Person: _____ Contact Phone Number: _____

Contact Email: _____

ASSURANCE STATEMENT

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

- Developing/Reviewing Internal Monitoring Team Process
- Developing/Reviewing Onboarding Process for New Staff
- Completing Required LMS modules
- Completing the Special Education Assessment Report (SEAR)
- Analyzing data as a team to identify special education priority areas
- Developing strategies and/or action steps to address identified special education priority areas

The educational agency assures that it will implement the strategies and action steps outlined within its One Plan. The cross-functional team and internal monitoring team will continue to regularly review data and processes to monitor progress, ensure improvement, and update the One Plan as needed.

Special Education Director

Name (Printed): _____

Signature: _____ Date: _____

Educational Agency Superintendent:

Name (Printed): _____

Signature: _____ Date: _____