Please note: Your signature on document letter indicates that you are in favor of switching your Title I program from a targeted assistance model to a schoolwide program of instruction.

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School	District			
Name of Contact Person for Schoolwide Program	Contact Person for Schoolwide Program			
E-mail Address				
Signature of Title I Authorized Representative		Date		

Part 1 Signature of Approval

Please sign below if you are willing to work at designing and implementing a schoolwide program. Remember that schoolwide planning requires additional effort for all school members in return for local decision-making and greater flexibility for school improvement. Your signature below signifies that you recognize these responsibilities and are willing to work cooperatively with your peers to design and implement the best learning environment for your students.

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An 80% commitment level is required for schoolwide programming.

Do you have the required percentage?

Yes, we will begin schoolwide planning.

No, we will work together to consider future planning towards schoolwide operation and continuing our Title I targeted assistance program.