



## COMMITMENT TO SCHOOLWIDE PLANNING

Please complete this form for each school in the district that intends to plan a schoolwide program. Return the completed form to ADE:

Division of Learning Services  
ACSIP/School Improvement Unit  
Arkansas Department of Education  
Four Capitol Mall, Room 301-B  
Little Rock, AR 72201-1019

### School Information

School/LEA #: \_\_\_\_\_ Grade levels: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (Zip)

Principal: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Enrollment: \_\_\_\_\_ Low Income % \_\_\_\_\_ as determined by:

\_\_\_\_\_ Free/Reduced Lunch Other: \_\_\_\_\_

*A schoolwide program is a comprehensive reform strategy designed to upgrade the entire educational program in a Title I school. The schoolwide plan must be developed with the involvement of the community to be served and the individuals who will carry out the plan. In general, every school that plans to operate a schoolwide program is required to spend an entire year conducting the planning process. [Section 1114(b)(2)(B)(i)(I) of Title I of ESEA]. Non-Regulatory Guidance to assist in designing Schoolwide Programs is available at the following link: <http://www.ed.gov/policy/elsec/guid/designingswpguid.doc>*

**Please sign below if you are willing to work at designing and implementing a schoolwide program.**

**Principal:** \_\_\_\_\_

**Contact Person or ACSIP Leadership Team Chair:** \_\_\_\_\_

School technical assistance provider and qualifications (if other than ACSIP Supervisor -for example, individual consultant) \_\_\_\_\_

Expected date the school will become a schoolwide program \_\_\_\_\_

**District Information**

District: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (Zip)

Signature of Title I Authorized Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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Print or Type Superintendent's Name

**Please check assurances**

\_\_\_\_\_ An assurance that the school staff made the decision to become a schoolwide program

\_\_\_\_\_ An assurance that the school will meet the plan development requirements in No Child Left Behind, Section 1114

\_\_\_\_\_ An assurance that the LEA will provide the necessary technical assistance and support to the school

\_\_\_\_\_ If the LEA deems it is not necessary for the school to develop a comprehensive plan during a full one-year period, an assurance that the school conducted appropriate planning with support from the LEA.

\_\_\_\_\_ An assurance that the LEA will make available the schoolwide plan process data when requested by the Arkansas Department of Education or the Arkansas Legislative Audit Division.

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Signature of Superintendent  
(Signature certifies agreement to all assurances as indicated above)

Date