

## 2019-2020 SCHOOL PLAN FOR STUDENT ACHIEVEMENT

RECOMMENDATIONS AND ASSURANCES

SCHOOL NAME:	DUE: Octobe	er 4, 2019
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	CSI School	
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 Commi	ttee (ELAC) Date of presentation:	<del></del>
☐ 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.		
	nalysis of student academic performance. The actions proposed has 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 signed in San Diego, California, on the date	perjury that the foregoing is true and correct and that these Ae(s) indicated.	Assurances were
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 ELAC Chairperso	n Signature of ELAC Chairperson	Date
₹		
Type/Print Name of Area Superintenden	Signature of Area Superintendent	Date

Submit Document With Original Signatures To: Financial Planning, Monitoring and Accountability Department Eugene Bruckner Education Center, Room 3126