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.

General School Information						
School	District					
Name of Contact Person for Schoolwide Program	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.

	Name	Title/Position	Signature	Date
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Dart 2	) Notormining Schoolwide Part	icination				
A. To	2 Determining Schoolwide Part otal number of signatures	ісіраціон				
B. Total number of school staff						
A. Di	A. Divided by B.					

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.