



2022-2023 Mental Health

Application Part I: Youth Mental Health Awareness Training Plan Part II: Mental Health Assistance Allocation Plan

(Hernando)

Deadline for submission to ShareFile:
on or before August 1, 2022

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Purpose

The purpose of the combined mental health application is to streamline and merge two programs into one application. The Youth Mental Health Awareness Training (YMHAT) Plan and the Mental Health Assistance Allocation (MHAA) Plan are to provide supplemental funding to districts so schools can establish, expand and/or improve mental health care, awareness and training and offer a continuum of services. These allocations are appropriated annually to serve students

and families through resources designed to foster quality mental health. This application is separated into two primary sections: Part I includes the YMHAT Plan and Part II includes the MHAAP

Part I. Youth Mental Health Awareness Training Plan

In accordance with section(s.) 1012.584, Florida Statutes (F.S.), the YMHAT allocation is to assist districts with providing an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness and substance use disorders, and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem.

Part II. Mental Health Assistance Allocation Plan

In accordance with s. 1011.62(16), F.S., the MHAA Plan allocation is to assist districts in establishing or expanding school-based mental health are; training educators and other school staff in detecting and responding to mental health issues; and connecting children, youth and families who may experience behavioral health issues with appropriate services.

Submission Process and Deadline

The application must be submitted to the Florida Department of Education (FDOE) ShareFile, (Hyperlink), by the deadline **August 1, 2022**.

There are two submission options for charter schools:

- Option 1: District submission includes charter schools in both parts of the application.
- Option 2: Charter school(s) submit a separate application from the district.

Part I. Youth Mental Health Awareness Training Plan

YMHAT Objective: provide an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness and substance use disorders, and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem

**Part I. Youth Mental Health Awareness Training Plan and Projected Budget Section A:
YMHAT Training Plan**

1. What is the percentage of employees currently trained and certified in YMHAT?
There are 13.14% of employees trained and certified as 7/1/22.
2. Explain the training goal(s) for the upcoming 2022-2023 school year.
To continue to provide Youth Mental Health First Aid trainings to staff (full day in person trainings) to certify staff as youth mental health first aiders. Trainings are open to all staff including charter school staff.

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3. In addition, the annual goal for the 2022-2023 school year is to train:
80% of employees by 7/1/23
4. Explain the training goal(s) for the next 3-5 years.
Our goal is to increase the number of certified trainers from seven to twelve. Therefore, our goal is to move from 13.14% of staff trained currently, to 85% by July 1, 2023. Then train 100% over the next two years.
5. What is the procedure for training new personnel to the district?
For the 2022-2023 school year all new staff will be trained at school locations. A calendar has been created and schools are working with our training teams to train groups of 50. After 2022-2023 school it is proposed that YMHA will become part of the onboarding process.
6. Explain how the district will utilize the following three YMHAT programs:
<p>The district will continue to train staff utilizing YMHA in an effort to reach the goal of 80% (HB 1421 all of instructional staff trained by year-end. Trainings are provided using the in person, and hybrid models. Trainings are scheduled at a district level and at the school level. Non-instructional staff are also encouraged to attend the trainings offered.</p> <p>Training staff to raise awareness regarding the prevalence of youth mental health and emerging youth mental health challenges; to provide appropriate support; maintain safety for all, and identify options for appropriate /available professional support in the moment.</p>
<ul style="list-style-type: none"> • YMHA Recertification
<p>Informing all staff who are within one year of renewal and providing options for district paid re-certification. Revisiting with staff who are within 6 months of expiration in order to assign training.</p>
<ul style="list-style-type: none"> • Kognito At-Risk Modules as supplemental training (at all three levels: elementary, middle, high school)
<p>New instructional staff will receive the 2 hour Kognito training during the 22-23 school year if they are unable to attend the YMHA training.</p>

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Section B: YHHAT Projected Budget

Categories	Detailed Description, number of activities within each category	Cost Per/Each	Total Projected Budget by Category
1. Stipends (Detailed # of personnel and stipend cost per person)	Instructional personnel - Stipend @ \$21 an hour (\$126 per person for up to 100 individuals. Non-instructional personnel - stipend based on their hourly rate. Trainers get a stipend of their hourly rate for up to eight trainers. Up to three trainings.	Instructional- \$21/hour; Non-instructional Trainers	\$12,600 \$1,047
2. Materials (Detail # of units x individual unit cost, plus shipping)	400 Youth Mental Health First Aid manuals Teaching materials	400 x \$18.95	\$7,580 \$163
3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)	Virtual seats for participants (up to 200)	\$23.95/seat	\$4,790
4. Additional Kognito Modules (Provide the name of training module and cost)	All staff have been trained in the FLDOE approved Kognito training for their appropriate grade level (elementary, middle and high)	\$0	\$0
TOTAL 2022-2023 BUDGET:			\$26,180.00
5. Additional narrative (optional):			
Funding will be utilized for virtual/live/hybrid trainings and re-certification tokens. Training goal will be further supported by mental health assistance allocation, once this fund has been depleted.			

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Part II. Mental Health Assistance Allocation Plan s. 1011.62 (16), F.S.

Section A: MHAA Plan Assurances

The district assures...

- ✓ One hundred percent of state funds are used to expand school-based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.
- ✓ Mental health assistance allocation funds do not supplant other funding sources or increase salaries or provide staff bonuses or incentives.
- ✓ Maximizing the use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).
- ✓ Collaboration with FDOE to disseminate mental health information and resources to students and families
- ✓ The district website includes local contacts, information and resources for mental health services for students and families.
- ✓ Includes a system for tracking the number of students at high risk for mental health or co-occurring substance use disorders who received mental health screenings or assessments; the number of students referred to school based mental health services providers; the number of students referred to community-based mental health services providers; the number of students who received school-based interventions, services or assistance; and the number of students who received community-based interventions, services or assistance.

A school board policy or procedure has been established for...

- ✓ Students referred for a mental health screening assessed within 15 calendar days of referral. School-based mental health services initiated within 15 calendar days of identification and assessment.
- ✓ Community-based mental health services initiated within 30 calendar days of referral coordinating mental health services with a student's primary mental health care provider and other mental health providers involved in student care.
- ✓ Assisting a mental health services provider or a behavioral health provider as described in s. 1011.62, F.S., respectively, or a school resource officer or school safety officer who has completed mental health crisis intervention training in attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination pursuant to s.394.463, F.S. Procedures include must include strategies to de-escalate a crisis situation for a student with a developmental disability as that term is defined in s. 393.063, F.S.
- ✓ The requirement that in a student crisis situation, the school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination pursuant to s. 394.463, F.S., unless the child poses an imminent danger to self or others before initiating an involuntary examination pursuant to s.394.463, F.S. Such contact may be in person or using telehealth, as defined in s.456.47, F.S. The mental health professional may be available to the school district either by contracts or interagency agreements with the managing entity, one or more local community behavioral health providers, or the local mobile response team, or be a direct or contracted school district employee.

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Section B: Planned Outcomes

Identify one or two specific and measurable outcomes for your district's plan to achieve through the 2022-2023 evidence-based mental health program.

The Hernando County School District's overall goal is to increase direct access to mental health services for all students by increasing the staff to school ratio to 1:1. Each school will be assigned a District Social Worker to provide direct service. This will be accomplished using a referral process. Students who are screened and demonstrate a need for additional support, will be provided interventions by school based mental health professionals, using evidence based practices, and/or referral to community providers. See Appendix A

Section C: District Program Implementation

Please include the following in this section:

1. Evidence-Based Program (EBP) and Description

Name and provide the essential elements of the EBP you will be implementing through a Multi-Tiered System of Supports (MTSS) using one or more of the preferred EBP/Practices found in [Blue Menu of Evidence-Based Psychosocial Interventions for Youth](#) and the [SAMHSA Evidence-Based Practices Resource Center](#).

Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.

***If you will be using another EBP other than those provided above please explain using the same format listed.**

2. EBP Implementation

This should include:

- Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.
- Explain how the supports will deliver evidence-based mental health care assessment, diagnosis, intervention, treatment, and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and to students at high risk of such diagnoses.

3. Outcome Measures

- Provide the outcome measures of your EBPs and how each aligns with your overall annual program goals in Section 2

Multi-tiered System of Support (MTSS)

- Identify the tier(s) of the EBP being implemented

Appendix Examples

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Table 1: District Program Implementation

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>Check & Connect: Check and Connect is a comprehensive student engagement intervention developed from the University of Minnesota. Check & Connect is designed to enhance student engagement at school with learning for marginalized, disengaged students in grades K-12, through relationship building, problem solving and capacity building, and persistence. A goal of Check & Connect is to foster school completion with academic and social competence. It is comprised of four components -</p> <ol style="list-style-type: none"> 1. A mentor who works with students and families for a minimum of two years; 2. Regular checks, utilizing data schools already collect on students’ school adjustment, behavior, and educational progress; 3. Timely interventions, driven by data, to reestablish and maintain the student’s connection to school and learning and to enhance the student’s social and academic competencies; and 4. Engagement with families.” (Check & Connect: Implementing with Fidelity manual, 2012) 	<p>Check & Connect implementation: Trained adult staff members connect weekly students for a minimum of two years. Referrals to community support are provided when appropriate Some Hernando County Schools have been trained through the SPDG grant and are currently implementing Check & Connect for a small number of students a the secondary level.</p>	<p>Check & Connect Outcomes: EWS is used to monitor out-Comes for the school MTSS Team. (Goal #1)</p>		x	

<p>Check In/check out (CICO): Students learn to self-monitor, internalize successes, and develop self-esteem.</p>	<p>CICO Implementation: Delivered by adult staff daily for a minimum of 6 weeks. Students assigned check in with a mentor at the beginning of the day to set daily goals which are aligned with school-wide expectations. The student uses a “points card” with defined goals for each part of the day. Teachers evaluate behavior and assign points for meeting their daily goals. The student checks out with their mentor and they assess the points total for the day. The mentor encourages the student to reflect on what they did well, how they feel, and what they need to work on.</p>	<p>CICO Outcomes: The student takes their points card home, returning it signed at the next morning check-in. Outcomes are measured via the following process”</p> <ol style="list-style-type: none"> 1) check-in daily 2) monitor (enter data) weekly, <p>analyze data monthly/quarterly</p> <p>(Goal #1)</p>		X	X
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<p>WhyTry? https://whytry.org/research/</p> <p>WhyTry? Is an evidence based program that can be used at all three tiers to improve social emotional behavior and academics. It is based on CBT, Brief therapy, reality therapy and client centered strategies. WhyTry has resulted in improved academics, behavior and engagement.</p>	<p>WhyTry? training has been provided to school counselors, social workers and behavior staff to allow them to provide counseling/behavior intervention with this evidence based strategy.</p> <p>WhyTry? may be used in whole class, individual or small group settings. Through participation in WhyTry? students will develop skills in:</p> <ol style="list-style-type: none"> 1. Goal setting 2. Understanding choices and consequences 3. Recognizing their strengths 4. Choosing how they present themselves 5. Choosing how to respond to negative situations 6. Increasing positive motivation 7. Coping strategies 8. Identifying problems and solutions 9. Understanding the relationship between desire, time and effort 10. Developing strength of character 11. Allowing others to help 12. Perspective 	<p>Students participating in WhyTry will improve coping skills, manage behaviors and improve academic success as reported by students, parents and teachers and measured by discipline referrals and grades. Students participating will show a 30% increase on targeted skills as assessed by pre-post tests.</p> <p>(Goal #1)</p>		X	X
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<p>Hope Squad Peer to Peer Suicide Prevention Program</p> <p>Hope squad is an evidence based program intended to train students to identify peers in need of support, reach out and help them access an adult mental health helper. Findings show that Hope squad schools have less suicide related stigma than non Hope Squad schools, significantly more referrals for mental health support. annual pre/post surveys indicate that Hope Squad curriculum is effective in improving the knowledge, skills and self-efficacy of members.</p>	<p>Hope Squads are peer nominated support groups with school based mental health professionals serving as advisors.</p> <p>Students are trained and participate in a curriculum to learn how to identify warning signs for mental health, reach out to peers and refer them to adult mental health support.</p> <p>Hope Squads meet monthly, learn through established curriculum and work together to create school-wide activities to reduce mental health stigma and help peers know how to access help.</p>	<p>Hope squad members learn skills in mental health warning signs, seeking help, resilience, self care and more. Students take a pre and post survey annually. Survey results will provide a baseline in the first year.</p>	X	X	X
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<p>Cognitive Behavioral Therapy</p> <p>Cognitive behavior therapy has proven effective in reducing trauma symptoms, depression, anxiety and behavioral problems. CBT focuses on challenging unhealthy thought patterns, changing learned unhealthy behaviors and developing coping skills for dealing with challenging thoughts and feelings.</p>	<p>Cognitive Behavioral Therapy and CBITS strategies are implemented through individual and small group counseling by our school counselors and social workers. During counseling sessions mental health professionals will work with students to:</p> <ol style="list-style-type: none"> 1. Understand the relationship between thoughts, feelings and behaviors 2. Identify unhealthy thought patterns 3. Replace unhealthy thoughts with positive self talk 4. Identify unhealthy behaviors deriving from negative thoughts and feelings 5. Identify and utilize healthy coping skills to manage emotions and change behavior 6. Expand their feelings vocabulary and be able to express how they are feeling 	<p>Students participating in CBT based counseling will improve coping skills, manage behaviors and improve academic success as reported by students, parents and teachers and measured by discipline referrals and grades.</p> <p>(Goal #1)</p>		X
<p>Zones of Regulation : curriculum helps students gain skills in consciously regulating their actions ,leading to increased control and problem solving abilities. Using a cognitive behavior approach, the curriculum’s learning activities are designed to help students recognize when they are in different states called “zones,” with each of four zones represented by a different color. In the activities, students also learn how to use strategies or tools to stay in a zone or move from one to another. Students explore calming techniques, cognitive strategies, and sensory supports to use to move between zones. Core components include: Self-Awareness</p>	<p>Zones of Regulation Implementation Certified school counselors, school social workers or school psychologists will develop plans aligned with their student’s needs using the 18 lessons available. Small groups will be delivered weekly for a period of no less than 6 weeks and will be 30-45 minutes in duration.</p>	<p>Zones of Regulation : Outcomes: Outcomes will be measured using data from EWS and/or evidence based assessments aligned to the student’s needs. (Goal #1)</p>	X	X

<p>Self-Management Responsible Decision-Making Relationship Skills Social Awareness</p>					
<p>Bounce Back Program: school-based group intervention for elementary students exposed to stressful and traumatic events. It teaches students ways to cope with and recover from traumatic experiences. Bounce Back is based on the Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Session content includes coping skills, feelings identification, relaxation exercises, positive activities, social support, and problem solving.</p> <p>Character Playbook: will be assigned to secondary students demonstrating the need for emotion and conflict management based on individual or universal screening results or early warning system data. Objectives include teaching students how to communicate effectively, understand and manage emotions, reflect on personal strengths and values, and recognize and resolve conflicts</p> <p>Honor Code: Secondary students with founded bullying complaints may be required to complete this course in school. Honor Code helps students identify their unique talents, grow their resilience in the face of adversity, and build strong connections with others. The course focuses on defining bullying behavior, recognizing leadership potential in oneself, practicing upstander intervention, developing a sense of resilience, and contributing to a positive school community. Each of the five evidence-informed lessons provide actionable techniques for students</p>		<p>Bounce Back Outcomes: Outcomes are measured using the Strengths and Difficulties Questionnaire and other data as indicated by student presentation. (Goal #1)</p> <p>Character Playbook Outcomes: Each lesson contains a 5 question pre-assessment and 10 questions post-assessment to measure knowledge gains. Outcomes will be measured using (Goal #1)</p> <p>Honor code outcome: Each lesson contains a pre and post assessment to gauge knowledge gain, and the course contains a pre-and post-survey to track attitudinal and behavioral change. Outcomes will be measured using individual screening and/or early warning systems data. (Goal #1)</p>		<p>X</p> <p>X X</p> <p>X X</p>	

whether they experience, engage in or witness bullying behavior.				
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Section D: Direct Employment

Table 2: MHAA Plan Direct Employment

Position	Current Ratio as of August 1, 2022	2022-2023 Proposed Ratio by June 30, 2023
School Counselor	1:434	1:425
School Social Workers	1:1000	1:741
School Psychologists	1:2090	1:1769
Other Licensed Mental Health Provider		

Direct employment policy, roles and responsibilities	Description
<p>Explain how direct employment of school-based mental health services providers (school psychologists, school social workers, school counselors and other licensed mental health professionals) will reduce staff to-student ratios.</p>	<p>Direct employment of school-based mental health service providers will provide more direct contact as well as lower staff:student ratios at the schools in our district. In addition, these positions provide school support by participating on MTSS teams, School Based Leadership Teams and are a more integral part of the school community in which they are assigned. The social worker referral process (with parental consent) allows staff to refer students they have concerns about so the social worker can assess and work with other sbmhp to provide tiered interventions. This expansion of direct employment also allows SBMHP to work closely with families and community agencies linking students in need, to services outside of school.</p>
<p>Describe your district’s established policies and procedures to increase the amount of time student services personnel spend providing direct mental health services (e.g., review and revision of staffing allocations based on school or student mental health assistance needs.</p>	<p>HCSD has developed and modified a Mental Health/Substance Abuse Services Decision Chart (Appendix A) to be used by all school based mental health providers (SBMHP). This includes certified school counselors, school social workers, school psychologists, and consultation with school board nurses when applicable to determine next steps for a student. The Mental Health/Substance Abuse Decision Chart in conjunction with one or more of the Mental Health Screeners, will assist school district personnel and charter school personnel in determining the best evidence-based mental health service(s) to recommend for the student. Parental consent will be secured for services. SBMHP will conduct an evidence-based behavioral/mental health evaluation (within 15 days of referral) to identify characteristics of a mental health challenge; develop a support plan/plan of care with appropriate interventions, which are specific to the student need, and will provide measureable outcomes.</p> <p>When a referral to an outside provider is more appropriate, the outside provider is responsible for a psychosocial assessment in order</p>

	<p>to diagnose, identify treatment needs, and appropriate interventions in order to ensure a recovery-based model of care within a 30 day timeline. The HCSD implements a multi-tiered system of supports process to deliver or refer evidence based mental health care assessment, identify characteristics of a mental health challenge, recommend interventions, development of a support plan and recovery services to students with one or more co-occurring substance abuse diagnoses or referral and to students at high risk of such mental health challenges. The provision of these services must be coordinated with a student's primary mental health care provider and with other mental health providers involved in the student's care. School Social Workers participate in IEP and MTSS committees, Threat Assessment Teams in order to bring a mental health perspective, to provide school-based and community provider referrals to higher risk students in moments when interventions are being determined. Through the MHAA funds, allocations are provided to increase the amount of time student services personnel spend providing direct mental health services to our students. In addition, staffing allocations are reviewed and discussed based on student mental health assistant needs.</p>
<p>Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.</p>	<p>Students who are referred for school based services will be assessed within 15 days of the referral by a SBMHP. School based services will be described on the district support plan/plan of care, and initiated to meet the needs identified via behavioral/mental health evaluation. SMHP's will support the provision of community based services to begin within 30 days of referral. SBMHP's will maintain a record of all students referred, and will collaborate/coordinate to provide continuity with agencies which receive these referrals. The SBMHP's will share information with school district stakeholders using a counseling log / or data collection form. School based mental health professionals will obtain release of information to facilitate collaboration with community agencies to provide continuity of care for students receiving community based support. Community providers may contribute to the problem solving team regarding students who are clients and/or access students in schools, when appropriate clearance, releases, consent, and agreements on file with HCSD. Student Services has developed a list of community resources which is provided to parents/caregivers of students upon request and at specific times, such as when a student receives certain disciplinary referrals. Community providers and HCSD Student Services staff collaborate on district and community committees such as truancy case staffing, Hernando County Continuum of Mental Health Services, and Hernando County Review Team. School Social workers will refer students to insurance case managers, such as Behavior Health Network and others, to assist in connecting students with certain mental health and/or developmental disabilities to community providers.</p>

List the contracts or interagency agreements with local behavioral health providers or Community Action Team (CAT) services and specify the type of behavioral health services being provided on or off the school campus.

Table 3: MHAA Plan Contracts or Interagency Agreements and Services Provided

Mental Health Provider	Agency	Services Provided:	Funding Source:
3 licensed therapists 2 peer specialists(peer specialist is their credential)	Baycare -provides direct service	Provides targeted case management to youth (direct services)	Non mhaa
1 Licensed Clinical Social Worker 2 Therapists 1 Case Manager	Baycare- Mobile Response Team - Direct services	Mobile Crisis Response Team (MRT) at BayCare Behavioral Health provides on-site mental health crisis intervention and management.	Non mhaa
1 Clinical Psychologist	Mid Florida Children Advocacy Center –direct services	CAC provides a child- friendly, safe, supportive environment for assisting abused and neglected children	NON MHAA
2 licensed therapists	Phoenix Counseling-direct service	Phoenix provides clinical services to students and families referred either from SBMHP or community referrals	NON MHAA
1 licensed therapist	Kids First Children Advocacy Center (Pasco County, FL)-direct services	Kids First provides victim advocacy and specialized therapy for child victims of trauma, sexual abuse and physical abuse	NON MHAA
1 licensed therapist 1 clinical psychologist 2 therapists 2 case managers 2 mentors	Life Stream- Community Action Team Baycare- Community Action Team	The CAT program which is facilitated by Life Stream provides intense behavioral health care services to youth where traditional interventions have been unsuccessful. (direct services)	Non MHAA
3 Licensed Mental Health Counselors/licensed clinical social workers	Pace REACH program-direct services	Provides direct services to students referred in school at 3 school sites at risk for suicidal ideations or other identified intensive needs for counseling for females only	NON MHAA



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Section E: Planned Expenditures

Table 4: MHAA Planned Expenditures

Allocation Expenditure Summary	Total
Unexpended Mental Health Assistance Allocation funds from previous fiscal years:	\$527,990.94
2022-2023 FEFP Mental Health Assistance Allocation	\$1,240,537.00
School district expenditures for mental health services provided by staff who are employees of the school district: (see attached staff list)	\$1,344,376.39
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	\$120,000.00
Other expenditures (see below):	\$0
Total MHAA expenditures:	\$1,464,376.39

Other expenditures (specify details such as type, supplies, training and amount):

Type: Narrative description with detailed cost	Total Amount
Total Other Expenditures:	\$0



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Certification

This application certifies that the _____ School Board approved the district’s Mental Health Assistance Allocation Plan, which outlines the local program and planned expenditures to establish or expand school based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section 1011.62(16), F.S.

School (MSID) Number	Charter School Name

Note: Charter schools not listed above will be included in the school district youth mental health awareness plan and mental health assistance allocation plan. If you have more Charter schools to add, please list them on a separate sheet.

_____ Signature
of District Superintendent

Printed Name of District Superintendent

Board Approval Date