

**ANNUAL TITLE I SCHOOL PRINCIPAL ATTESTATION FORM**

The No Child Left Behind Act (NCLB) of 2001 requires that the principal of each Title I school annually attest to whether or not the school is in compliance with the highly qualified requirements of Section 1119 of the law. This written attestation must be completed by August 31 and must be kept on file in the school and the LEA.

**Principal Attestation**

As principal of \_\_\_\_\_ school, I attest that this school

IS

IS NOT

is in compliance with the local educational agency's efforts to comply with the teacher and paraprofessional requirements contained in Section 1119 of the No Child Left Behind Act.

If not in compliance, explain the reasons below:

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**Signature of Principal**

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**Date**

**DEADLINE: AUGUST 31**

Maintain copies of signed document in LEA and school files.

Direct questions to your CPM Regional Consultant.

**CONSTITUTIONALLY PROTECTED PRAYER CERTIFICATION**

**2015-16**

As a condition of receiving funds under the ESEA, Section 9624(b) concerning protected prayer in the public schools, each LEA must certify in writing to the Tennessee Department of Education (TDOE) that no policy of the LEA prevents, or otherwise denies participation in, constitutionally protected prayer in public elementary and secondary schools.

Please complete the form and upload the scanned copy to the ePlan LEA Document Library by October 25, 2015.

\_\_\_\_\_ certifies that  
LEA NAME

No district policy prevents, or otherwise denies participation in, constitutionally protected prayer in public elementary and secondary schools as set forth in the guidance related to the Elementary and Secondary Education Act (ESEA), Section 9524(b).

Please indicate in the box below if your district has received complaints related to constitutionally protected prayer.

YES                      NO

If the answer is YES to the above, please provide a description of what investigation or enforcement action has been initiated and the status of the investigation or action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIRECTOR OF SCHOOLS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Signature

**DEADLINE: OCTOBER 25, 2015**  
**Upload the scanned copy to the ePlan LEA Document Library**  
**Direct questions to your CPM Regional Consultant**

# ESEA

## PERSONNEL ACTIVITY REPORT (PAR)

<b>Employee Name</b>	
<b>Employee SSN</b>	

Employee Allotment Code	
Employee Cost Center	

Percentage of Time Worked by Activity					
Month	Year	Title I	Title III	Work Activity #3	Total % of Time Worked

The signature below certifies that this employee performed the activities during reflected in the attached log as distributed in the above percentages during the month specified.

\_\_\_\_\_

Signature of Employee

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Supervisor

\_\_\_\_\_

Date

This certification is in support of the Time Reporting requirements of OMB Circular A-87 (Attachment B, (h)(4) which s  
 Where employees work on multiple activities or cost objectives, a distribution of the salaries or wages will be supporte  
 personal activity reports.

