

**Certification of Annual Service Plan
 Fiscal Year 2016-17**

1. Check one, as applicable: <input type="checkbox"/> Single District <input type="checkbox"/> Multiple District <input type="checkbox"/> District/County		
Special Education Local Plan Area (SELPA) Code	SELPA Name	Application Date
SELPA Address	SELPA City	SELPA Zip code
Name SELPA Director (Print)		SELPA Director's Telephone Number ()
2. Certification by Designated Administrative And Fiscal Agency for This Program (Responsible Local Agency [RLA] or Administrative Unit [AU])		
RLA/AU Name	Name/Title of RLA/AU Superintendent (Type)	RLA/AU Telephone Number ()
RLA/AU Street Address	RLA/AU City	RLA/AU Zip code
Date of Governing Board Approval		

**Certification of Approval of Annual Service Plan Pursuant to California *Education Code*
 Section 56205(b)**

I certify that the Annual Service Plan was developed according to the SELPA's local plan governance and policy making process. Notice of this public hearing was posted in each district within the SELPA at least 15 days prior to the hearing.

The **Annual Service Plan** was presented for public hearing on _____.

Adopted this _____ day of _____, 20____.

Signed: _____
 RLA/AU Superintendent

For California Department of Education Use Only

Received by the State Superintendent of Public Instruction: Date: _____ By: _____