

## CERTIFICATION OF ANNUAL SERVICE PLAN

<b>1. Check one, as applicable:</b> <input type="checkbox"/> Single District <input type="checkbox"/> Multiple District <input type="checkbox"/> District/County		
County-District-School Code/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 (    )
<b>2. CERTIFICATION BY AGENCY DESIGNATED AS ADMINISTRATIVE AND FISCAL AGENCY FOR THIS PROGRAM (Responsible Local Agency [RLA] or Administrative Unit [AU])</b>		
RLA/AU Name	Name/Title of RLA Superintendent (Type)	Telephone Number (    )
RLA/AU Street Address	RLA/AU City	RLA/AU Zip code
Date of Governing Board Approval		
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### 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
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Received by the State Superintendent of Public Instruction: Date: \_\_\_\_\_ By: \_\_\_\_\_