

MISSOURI ADULT EDUCATION AND LITERACY DATA QUALITY ASSURANCE FORM

PROGRAM NAME: _____ DATE: _____

Instructions:

Please fill out this form, sign it, and mail it (or email with electronic signature) to the state office. It must arrive in the state office on or before July 31. The mailing address is Department of Elementary and Secondary Education, Adult Education and Literacy 205 Jefferson St, 4th Floor South, Jefferson City, MO 65102 or Email address is monica.silvey@dese.mo.gov

My signature below is acknowledgment that the data entered into ACES, the DESE web application, accurately represents enrollments, assessments, and exits for our program for Fiscal Year _12_.

Director's Signature _____