



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF SPECIAL EDUCATION-COMPLIANCE

CHILD COMPLAINT CORRECTIVE ACTION PLAN ASSURANCE STATEMENT

LOCAL EDUCATION AGENCY (LEA) NAME	COUNTY-DISTRICT CODE	CHILD COMPLAINT DECISION DATE
LEA CONTACT	LEA PHONE NUMBER	LEA FAX NUMBER

INSTRUCTIONS

Complete the assurance section below. The form must be signed by the Superintendent and Director of Special Education.

MAIL or FAX the completed form to: Special Education Compliance
Missouri Department of Elementary and Secondary Education
PO Box 480
Jefferson City, MO 65102 or Fax 573-526-5946

QUESTIONS: Contact Special Education Compliance at 573-751-0699 or secompliance@dese.mo.gov

ASSURANCES

The LEA assures that:

SIGNATURE OF SUPERINTENDENT	PRINT SUPERINTENDENT NAME	DATE
SIGNATURE OF SPECIAL EDUCATION DIRECTOR	PRINT SPECIAL EDUCATION DIRECTOR NAME	DATE

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