

**State of Maine  
Department of Education**

**Accuracy Certification Form**

**Concerning Annual GSS School Monitoring Data**

**Name of School Administrative Unit:**

---

I certify that to the best of my knowledge that the documents that have been submitted to the Maine Department of Education are an accurate reflection of the process and paperwork in this SAU.

---

Director of Special Education

---

Date

---

Print Name

Please **MAIL** to:

ATTN: Dede Gilbert  
Maine Department of Education  
Office of Special Services  
23 State House Station  
Augusta, ME 04333-0023