## 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  Please MAIL to:   | Date | Print Name |
| ATTN: Julie Pelletier Maine Department of Education Office of Special Services 23 State House Station Augusta, ME 04333-0023   |      |            |
| Or   |      |            |
| Email to:  |      |            |

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