|  |  |
| --- | --- |
| School: |  |
| Supervisor: |  |
| Date: |  |
| Time Period: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Position | Grant | Start Date | End Date |
| John Doe | Math Teacher | Title I | 1/1/2016 | 6/30/2016 |
| Jane Doe | Literacy Coach | Title II | 1/1/2016 | 6/30/2016 |
| John Doe | Special Education Teacher | IDEA | 1/1/2016 | 6/30/2016 |
|  |  |  |  |  |

This is to certify that, to the best of my knowledge, the above named staff spent 100% of their time working on one cost objective as indicated.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Supervisor Signature of Supervisor and date

\*\*Supervisor should be a building principal or an immediate supervisor that is at the same location as the staff member’s that are listed\*\*\*