

# ALTERNATIVE PLAN SUBMITTAL SHEET

School Administrative Unit Submitting Alternative Plan:

- \_\_\_\_\_

Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

email: \_\_\_\_\_

Date Plan Submitted by SAU: \_\_\_\_\_

**The intent to submit an alternative plan has been approved by the Commissioner in the approval of the Notice of Intent?**

YES

NO

(If NO, please explain.)

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