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SCHOOL YEAR (SY):
MONITORING PATH:
CYCLE: GROUP:

REGION:
DISTRICT NAME:
DISTRICT TYPE:

SHARED SERVICE ARRANGEMENT (SSA) MEMBER:
FISCAL AGENT:

TEXAS VIRTUAL SCHOOL NETWORK CAMPUS:
RESIDENTIAL FACILITY (RF):

MONITORING TYPE:
SELF-REPORTED NONCOMPLIANCE:
COMPLIANCE STATUS:
ACTION REQUIRED:

STRATEGIC SUPPORT PLAN (SSP) DUE DATE:
CORRECTIVE ACTION PLAN (CAP) DUE DATE:

DYSLEXIA STATUS:
DYSLEXIA ACTION REQUIRED
DYSLEXIA PERFORMANCE PLAN (DPP) DUE DATE:

INTRODUCTION

_____ .
as soon as possible, but in no case later than one year
from the date of this notification _____ .

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Area	Citation	Level	Status	Action

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Area	Citation	Level	Status	Action
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DATA REVIEW

Data Sources

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Residential Facilities (RFs)

STAKEHOLDER ANALYSIS AND RESULTS

SUCSESSES

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TECHNICAL ASSISTANCE

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Area	Legal Requirement	Status
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SUMMARY OF REQUIRED ACTION

Required Action	Due Date	Support Level	Communication Cadence

APPENDIX I: SELF-REPORTED NONCOMPLIANCE

APPENDIX II: ADDITIONAL RESOURCES



