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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

DATA REVIEW

Data Sources

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Residential Facilities (RFs)

STAKEHOLDER ANALYSIS AND RESULTS

SUCCESSES

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TECHNICAL ASSISTANCE

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Area	Legal Requirement	Status

SUMMARY OF REQUIRED ACTION

Required Action	Due Date	Support Level	Communication Cadence

APPENDIX I: SELF-REPORTED NONCOMPLIANCE

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APPENDIX II: ADDITIONAL RESOURCES

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