Work Location#:\_\_\_\_\_\_\_\_\_\_\_\_ School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By checking the items below, the school ensures that the Educational Excellence School Advisory Committee (EESAC) was in compliance with School Board Bylaws & Policy (SBBP) and State Statutes for the 2016-2017 school year.

|  |  |  |
| --- | --- | --- |
| **Requirements** | **Completed** | **Not Completed****(provide explanation below)** |
| At least four EESAC meetings were held for the 2016-2017 school year. |[ ]   |
| All EESAC meetings were advertised with Citizen Information Center at least 5 business days prior to the scheduled meeting date. |[ ]   |
| The EESAC roster and bylaws were reviewed and updated. |[ ]   |
| The principal and EESAC Chair verified the EESAC Roster on or before October 28, 2016. |[ ]   |
| All EESAC agendas included the monitoring and implementation of the SIP. |[ ]   |
| The EESAC reviewed and approved the 2016-2017 SIP. |[ ]   |
| The EESAC ensured that quorum was established at all meetings where a vote was conducted. |[ ]   |
| All EESAC meeting minutes were posted to the OSI website (osi.dadeschools.net) and contain language to support the monitoring of the SIP. |[ ]   |
| All meeting minutes were approved by EESAC. |[ ]   |
| All meeting minutes were verified by the principal, with the exception of the last meeting of the 2016 -2017 school year which will remain in the “Pending Verification” column until the 2017-2018 school year. |[ ]   |
| The EESAC reviewed and approved the Mid-Year Review (as applicable). |[ ]   |
| The EESAC reviewed and approved the End-of Year SIP/2016-2017 Continuous Improvement Reflection. |[ ]   |

The signatures below confirm that the 2016-2017 End-Of-Year (EOY) EESAC Assurances Checklist was reviewed at the EESAC meeting held (insert date), 2017.

|  |  |  |  |
| --- | --- | --- | --- |
| Principal | Print Name: | Signature: | Date: |
| EESAC Chair | Print Name: | Signature: | Date: |
| UTD Designated Steward | Print Name: | Signature: | Date: |

* Scan the completed 2016-2017 EOY EESAC Assurances Checklist and save using the following format: xxxxEOY, where xxxx should be replaced with your work location number (ex: 1234EOY).
* Upload the completed document to osi.dadeschools.net using the 2016-2017 EOY EESAC Assurances link on or before **Friday, May 26, 2017**.