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**2017-2018 EESAC End-of-Year (EOY) Assurance Checklist**

**Educational Excellence School Advisory Committee Compliance**

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

By checking the items below, the school confirms that the Educational Excellence School Advisory Committee (EESAC) is in compliance with School Board Bylaws & Policy (SBBP) and State Statutes for the 2017-2018 school year.

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| **Requirements** | **Check** |
| At least four EESAC meetings were held for the 2017-2018 school year. |  |
| All EESAC meetings were advertised with Citizen Information Center at least 5 business days prior to the scheduled meeting dates. |  |
| The EESAC roster and bylaws were reviewed and updated *on or before* Friday, September 22, 2017. |  |
| The Principal and EESAC Chair verified the EESAC Roster on or before Friday, November 17, 2017. |  |
| All EESAC agendas included the monitoring and implementation of the SIP/Action Plan. |  |
| The EESAC reviewed and approved the 2017-2018 SIP/Action Plan (as applicable) *on or before* Friday, October 13, 2017. |  |
| The EESAC ensured that quorum was established at all meetings where a vote was conducted. |  |
| All EESAC meeting minutes have been posted to the OSI website (osi.dadeschools.net) and contain language to support the monitoring of the SIP/Action Plan. |  |
| All meeting minutes have been approved by the EESAC. |  |
| All meeting minutes have been verified by the principal, except for the last meeting for the 2017-2018 school year which will remain in the “Pending Verification” column until the 2018-2019 school year. |  |
| The EESAC reviewed and approved the Mid-Year Reflection (as applicable). |  |
| The EESAC reviewed and approved the End-of-Year Continuous Improvement Reflection (CIR). |  |

The signatures below confirm that all the items listed above were *completed* during the 2017-2018 school year**.**

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

**PLEASE SCAN & UPLOAD THIS FORM VIA** [**HTTP://OSI.DADESCHOOLS.NET/**](http://osi.dadeschools.net/) **USING THE “2017-2018 EOY ASSURANCE CHECKLIST UPLOAD” LINK ON OR BEFORE FRIDAY, MAY 25, 2018.**