

**English Language Learner Monitoring SY 2008-2009
Proposed Resolution of Noncompliance Findings
Under A.R.S. § 15-756.08**

Date:	
LEA:	ELL Program Coordinator:

Instructions: Please review your attached Corrective Action Plan. Complete this form and return it (and the plan) to ADE with all applicable documentation that supports the resolution of noncompliant item(s) indicated on your Corrective Action Plan.

The LEA certifies that all corrective action items listed in the attachment have been or will be implemented according to dates indicated on the corrective action plan.

Signature of authorized agent
(Required)

Date

Telephone number

Print name **and** title of authorized agent

Please return all required forms and documentation to:

Attention: Leann Gilbreath
Arizona Department of Education
Office of English Language Acquisition Services
1535 West Jefferson Street, Bin 31
Phoenix, Arizona 85007
Phone: 602-542-0753
Fax: 602-542-3050
Email: Leann.Gilbreath@azed.gov

Arizona Self-Assessment
 State Education Programs for English Language Learners (ELLs)
CORRECTIVE ACTION PLAN

LEA: _____ DATE: _____

TITLE AND NUMBER OF SECTION(S) IN CORRECTIVE ACTION ITEMS:

Item to be Completed	What and How (Use action verbs like "develop", "disseminate" or "train")	Person Responsible	Completion Date	Evidence	ADE Only

Please return completed form to the ADE Office of English Language Acquisition Services.

DUE BACK TO ADE WITHIN 60 CALENDAR DAYS OF RECEIPT OF MONITORING REPORT