

Assurances Form

Basic Educational Data Systems (BEDS) Personnel Data Forms - Fall 2011

BEDS Personnel Data Forms must be accurate and complete because they will be used to satisfy both State and Federal reporting requirements.

In order to process BEDS Personnel Data Forms from school districts, BOCES or charter schools, the Department must receive a completed copy of this form signed by the chief administrator.

For further information, please contact Information and Reporting Services at (518) 474-7965 or via email at MHovish@mail.nysed.gov.

I assure that my school district, BOCES or charter school has a system for identifying teachers who are not “highly qualified” for the courses they are teaching and that these forms reflect the accurate and complete reporting of that information as of the dates that these forms were completed.

School District, BOCES, or Charter School 12-digit BEDS Code											

School District, BOCES or Charter School Name

Respondent's position (Check one only).	
<input type="checkbox"/>	School District Superintendent
<input type="checkbox"/>	BOCES District Superintendent
<input type="checkbox"/>	Charter School Chief Administrator

Respondent's Name (Please print)

Respondent's Signature

Date (MM/DD/YY)							
		/			/		