



School Turnaround Office
 89 Washington Avenue
 5N EB Mezzanine
 Telephone: (518)473-8852
 Fax: (518)473-4502

Date

Name
 Title
 District
 Address
 City, State, Zip

RE: Systemic Supports for District and School Turnaround (SSDST) Grant
 District name

Dear Name:

The New York State Education Department (NYSED) School Turnaround Office (STO) completed its check-in visit to _____ on _____. The purpose of this visit was to determine where the district is in the implementation of their SSDST grant; provide grantee support and assistance; as well as gauge its effectiveness within this project period.

The Department commends district staff for being well-prepared, collaborative and candid with the feedback they provided. The following chart contains a summary of the visit and the agreed upon next steps:

Local Education Agency	School/District/EPO/STO Representatives	Proposed Funding 2012-2015/ Project Strand(s) 1-4/ Date of Site Visit
Complete chart		
Overall School and District Capacity	NYSED STO Team Feedback For Overall District Implementation to Date	
Summary of Evidence Presented to Demonstrate Overall District Progress Towards Implementation of the Next Grant	<u>Strengths and Successes</u>	
	<u>Areas of Further Development, and Challenges/Barriers to Implementation</u>	

	<u>Potential Areas of Technical Assistance and/or Support</u>
<i>Further Actions in the Implementation Process</i>	<u>Next Steps</u>

Should you have any questions and/or need for additional information or technical assistance, please contact the School Turnaround Office or **[Insert NYSED STO district liaison name, email]** or (518) 473-8852.

Sincerely,

Your name
STO District Liaison

cc: **[Insert other District personnel present]**
W. Clarke
[Insert other NYSED STO personnel present]