

**Statement of Commitment for**

**Exploration and Installation**

**Virginia Tiered Systems of Supports**

Please return this form no later than February 3, 2020 to:

Michael Gregory

VTSS Specialist

Virginia Department of Education

Email: Michael.Gregory@doe.virginia.gov

Phone: 804-225-4543

 **Statement of Commitment**

**Exploration & Installation Checklist**

Division:

Division Address, City, Zip:

| **Please check “yes” that you understand and agree:** | **YES** |
| --- | --- |
| The division will establish and maintain a division exploration team, including a VTSS division coordinator and other key central office personnel. It is recommended that the team include individuals who can leverage resources, influence policy, and represent a range of stakeholders. Consider representation from executive level management, special education, student services, building level principals, family, and community representatives such as substance abuse and/or mental health community providers.Identify division exploration team members:

| **Name** | **Position** |
| --- | --- |
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| Division exploration team will complete VTSS exploration activities as identified in E&I professional learning sessions and documented in a shared electronic folder. |  |
| School division personnel serving on the Division Exploration Team (including some building level personnel) will attend all three E&I professional learning sessions sponsored by the VDOE or complete the 4-part virtual series as documented by completion of activities embedded in the virtual series. |  |

**Statement of Commitment FY 2020**

**VTSS Signature Page**

Division:

Division Address, City, Zip:

| Division Coordinator |
| --- |
| Name: |  | Position: |  |
| Phone: |  | E-mail: |  |
|  |
| Printed Name | Signature | Date |

| Division Superintendent |
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|  |
| Printed Name | Signature | Date |

| Assistant Superintendent of Instruction |
| --- |
|  |
| Printed Name | Signature | Date |

| Director of Special Education |
| --- |
|  |
| Printed Name | Signature | Date |

| Director of Student Support Services |
| --- |
|  |
| Printed Name | Signature | Date |