

**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](mailto: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** | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |
| 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 | | |
| --- | --- | --- |
|  | | |
| 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 |