



State of Arizona
Department of Education

TO: District Superintendents

FROM: Todd Petersen, Deputy Associate Superintendent

SUBJECT: REFERENCE: A.R.S. §15-952.A.3
Teacher Evaluation System Verification – FY 2014-2015

A.R.S §15-952.A.3 specifies that local governing boards must submit evidence to the State Board of Education that the evaluation system originally approved by the Board continues to meet all requirements set forth in A.R.S §15-537. (Note: local governing board approved modifications are considered part of the original document)

The Statement of Assurance form will be used as the basis for submitting an aggregated list of participating districts to the State Board of Education at the regularly scheduled meeting in February 2014. The Board approval will signify that participating districts may continue the 1.25% budget level (expended solely for teacher compensation as specified in A.R.S. §15-952, Paragraph C) initially approved by the state legislature.

Please complete the Statement of Assurance form and submit through ALEAT by February 1, 2014.

Please contact Beth Driscoll, 602-364-2191 or beth.driscoll@azed.gov with any questions.

Thank you,

A handwritten signature in black ink, appearing to read "Todd Petersen", with a stylized flourish at the end.

Todd Petersen
Deputy Associate Superintendent
Educator Excellence Section
Arizona Department of Education





State of Arizona
Department of Education

STATEMENT OF ASSURANCE

TEACHER EVALUATION SYSTEM STATUS – (FY 2014-2015)

A.R.S. §15-952.A & A.R.S. §15-537

SCHOOL DISTRICT: _____

Directions: Each statement below needs to be checked and the statement signed by the district Governing Board President or designee. Statements must be submitted to the Arizona Department of Education by **February 1, 2014.**

_____ The district system is in compliance with A.R.S. §15-537.

_____ Monies have, or will be expended solely for teacher compensation as specified in A.R.S. §15-952, Paragraph C.

PRINT: _____
(Governing Board President or designee)

SIGNATURE: _____ **DATE:** _____

RETURN TO:

Submit through ALEAT



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