**Burrowes El Sch**
95% Assessment Participation Plan | 2024 - 2025

# LEA Profile

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| --- |
| **LEA Name** |
|  |
| **AUN** |
|  |
| **Address 1** |
|  |
| **Address 2** |
|  |
| **City** | **State** | **Zip Code** |
|  |  |  |
| **Chief School Administrator Name** |
|  |
| **Chief School Administrator Email**  |
|  |
| **Single Point of Contact Name** |
|  |
| **Single Point of Contact Telephone Number** |
|  |
| **Single Point of Contact Email**  |
|  |

# Compliance Details

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| --- |
| **Outline of Steps LEA will take to come into compliance with 95% participation requirement.**  |
|  |

# Signature & Assurance

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| --- | --- |
| false | **I affirm Local Education Agency (LEA) compliance with Pennsylvania 95% participation requirements and certify the information contained herein is complete and accurate. I further attest that I am authorized to provide this assurance on behalf of the named LEA.** |

|  |  |
| --- | --- |
| **Chief School Administrator Name** | **Date**  |
|  |  |