

Portage Area School District

84 Mountain Avenue, Portage, PA 15946

Board Affirmation Statement

As required by the Pennsylvania Department of Education and State Board Regulations, the Board of Education for the **(Name of LEA Entity)** _____ reviewed and approved the plan(s) at the following Board Meeting, held on **March 12, 2025**. The plan(s) was (were) approved by a vote of _____ **(yes)** and _____ **(no)**.

Plan(s) Approved at School Board Meeting:

Place a check in the box next to the board approved plan(s).

Comprehensive Plan

Board Affirmation also includes review and approval of the following state reports:

- Induction Plan (Chapter 49)
- Professional Development Plan (Act 48)
- Gifted Education Plan Assurances* (Chapter 16)

School Plan(s)

List school name and plan type on the next page.

Affirmed on this _____ day of _____, 20____

By: _____ (Signature of Board President)

Kathy Hough, Board President

Portage Area School District Board of School Directors

<u>School Name</u>	<u>Plan Type</u>

Plan Types:

- Non-Designated – non – Title I
- Schoolwide Title I
- CSI
- ATSI – Title I
- ATSI – non – Title I
- TSI – Title I
- TSI – non – Title I

Note: Blanks for Approved On, Name of School Entity, date, yes and no should be completed either digitally or handwritten. Signature, Print Name and Board of Education are hard copy required (Board President must actually sign and complete).

Replace the following text in the header: LEA Name, Address, School Logo/Icon placeholder image.

Delete this notes section (red text) before printing and uploading.