

**Mississippi Department of Education
Office of Special Education**

**NONPARTICIPATION ASSURANCE FORM
2018-2019**

School District: _____ **District Code:** _____

As Superintendent of this district, I certify by my signature:

- That there are no students eligible for Educational Interpreter based on IEP committee decisions.
- That there are students eligible for Educational Interpreter based on IEP committee decisions. However, there is no qualified Educational Interpreter within my district.

Documentation is on file supporting the decision regarding Educational Interpreter services.

Superintendent's Signature

Date

Mail to:

Mississippi Department of Education
Office of Special Education
P.O. Box 771
Jackson, MS 39205-0771

DUE DATE: September 21, 2018