**Mississippi Department of Education**

**Office of Special Education**

**NONPARTICIPATION ASSURANCE FORM**

**2019-2020**

**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.

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**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 23, 2019**