

**PART VI – ASSURANCE FROM EACH PARTICIPATING PARTNER**

This statement must be signed by the Partnership Contact Person working with each school designated as a Literacy Professional Development Partnerships School in Massachusetts.

As Contact Person for the Partnership, I assure the Massachusetts Department of Elementary and Secondary Education (Department) that

Name of Partnership: \_\_\_\_\_

will work with the \_\_\_\_\_ School to implement the Literacy Professional Development Partnerships grant.

The partnership agrees to the following commitments to:

1. work cooperatively to facilitate grant implementation at the funded school(s) (Each partnership will have a Contact person.);
2. work collaboratively with the Office of Literacy staff member assigned to the funded partnership for professional development purposes;
3. participate in state and district professional development activities; and
4. complete a report in collaboration with the district and school(s) involved with the project indicating the effectiveness of the implementation of research-based instructional strategies. The report will include pre/post student achievement data and changes in teacher knowledge and/or practice. A final report will be shared with the Department at the conclusion of the project and that the partnership will participate in any evaluation requests made by the Department.

<b>Name of Partnership:</b>	
<b>Typed Name of Partnership Contact:</b>	
<b>Partnership Contact Signature:</b>	
<b>Partnership Contact Address:</b>	
<b>Partnership Contact Phone Number:</b>	
<b>Partnership Contact Email Address:</b>	
<b>Date:</b>	