



Government of the District of Columbia
Office of Financial Operations and Systems & Office of the State Superintendent of Education

2013 Enrollment Audit Special Education Data Certification

I, _____, _____ at _____
Printed name Title Name of LEA

certify that the data provided to the Office of the State Superintendent of Education (OSSE) are valid and reliable. Furthermore, I certify that the data provided are consistent with the requirements of Part B of the Federal Individuals with Disabilities Education Improvement Act, as found in PL 108-446, and all applicable laws and regulations under the District of Columbia.

The number of students receiving special education services at my LEA as of November 22, 2013 is _____.

I have attached a copy of the certified roster report for students receiving special education services for my LEA.

I have confirmed the Least Restrictive Environment (LRE) setting for each student listed in the special education roster and can confirm that all LRE settings identified on the attached roster are accurate. Further, I can confirm that the number of students on the attached roster represents the number of students receiving special education services from the LEA who are enrolled as of October 7, 2013.

BY SIGNING BELOW, I CERTIFY THAT I HAVE THE AUTHORITY TO CERTIFY THE ACCURACY AND RELIABILITY OF THIS DATA FOR MY LEA AND THAT MY LEA IS PROVIDING SPECIAL EDUCATION SERVICES TO THE STUDENTS ENROLLED AS OF OCTOBER 7, 2013 ON THE ATTACHED LIST. OSSE recognizes the LEA leader as the authorized representative.

Printed Name Title

Signature Date

OSSE must receive this certificate and a PDF version of your LEA special education roster by November 27, 2013 at 5:00pm EST for your data submission to be considered timely. **Email this form along with a PDF copy of your LEA special education roster to OSSE at osse.enrollmentaudit@dc.gov.** Please note, certification forms submitted without attached rosters or with hand written corrections will be rejected.

