



Office of the



State Superintendent of Education

---

## Local Education Agency (LEA)

### Certification of Child Outcomes Summary (COS)

Date information submitted to [osse.ideadata@dc.gov](mailto:osse.ideadata@dc.gov) account: \_\_\_\_\_

LEA Name: \_\_\_\_\_

Head of LEA First Name: \_\_\_\_\_

Head of LEA Last Name: \_\_\_\_\_

Head of LEA Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I am the representative authorized to certify for my LEA, and I hereby certify that the data provided to the Office of the State Superintendent of Education (OSSE) via the OSSE child outcomes summary forms (COSF) are accurate, valid, and reliable.

Furthermore, I certify that the data provided is consistent with the requirements of Part B of the Federal Individuals with Disabilities Education Act, as found in PL 108-446, and all applicable laws and regulations under the District of Columbia.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date of Signature**