



## **Q Comp Program Update Statement of Assurances for 2014-15**

**Please complete the following:**

**Due no later than:** August 31, 2014

District or Charter School Name and Number:

Address:

City:

Zip:

Superintendent or Director:

Phone:

Email:

President of the Exclusive Representative of the Teachers:

Phone:

Email:

Program Contact Person:

Phone:

Email:

The district or charter school intends to implement the Q Comp program as currently described to the Minnesota Department of Education (MDE) with no changes for the 2014-15 school year. The plan aligns with the requirements under Minnesota Statutes, section 122A.414.

The district or charter school is making changes to the Q Comp program as currently described to MDE for the 2014-15 school year, and a Program Update form is attached describing the changes.

The undersigned certify on behalf of the district or charter school that the above statement of assurances is true and the district or charter school Q Comp plan is in compliance with all statutory requirements.

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*Signature of District Superintendent or Charter Board Chair*

*Date*

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*Signature of President of the Exclusive Representative of the Teachers  
or Charter Authorizer Liaison for Charter Schools*

*Date*

Return to: Minnesota Department of Education, Attention: School Support Division,  
1500 Highway 36 West, Roseville, MN, 55113 or email to [mde.q-comp@state.mn.us](mailto:mde.q-comp@state.mn.us)