

ENTER DATA INTO ALL YELLOW CELLS.

LEA Name:	Sodus Central Schools
LEA BEDS Code:	651201060000
School Name:	651201060004

2016-2017 School Comprehensive Education Plan (SCEP)


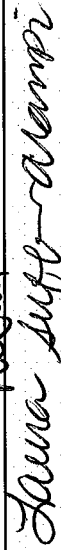
Contact Name	Ellen Lloyd	Title	principal
Phone	315-483-5206	Email	elloyd@soduscscsd.org
Website for Published Plan	www.soduscscsd.org		

APPROVAL OF THIS PLAN BY THE SUPERINTENDENT AND BOARD OF EDUCATION (IN NEW YORK CITY, THE CHANCELLOR OR THE CHANCELLOR'S DESIGNEE) IS MANDATORY.

Implementation is required no later than the first day of regular student attendance.

Signatures confirm the respective parties certify that the SCEP addresses all of the required components of the ESEA Flexibility Waiver as detailed on page 1 of this document and understand that any significant modification of the school's approved plan require the prior approval of the commissioner.

THE SIGNATURES BELOW CONFIRM APPROVAL.

Position	Signature	Print Name	Date
Superintendent		Nelson Kise	7/12/16
President, B.O.E. / Chancellor or Chancellor's Designee		Laura Steffler-Alampi	7/12/16