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| **Name of Grant Program:** Recovery High School Program | **Fund Code:**  791 |

# FISCAL YEAR 2020-2022 (FY21) and (FY22) GRANT ASSURANCES

# 

The school program agrees to the following:

\_\_\_\_\_\_\_ \_ conduct an annual self-assessment of the RHS program based on the expectations found in the Massachusetts Recovery High School Program Guidelines;

\_\_\_\_\_\_ attend and participate in scheduled leadership meetings with the Department and the Instructional Rounds process as determined by the Department;

\_\_\_\_\_\_ participate in the Department’s annual evaluation process; and

\_\_\_\_\_\_ participate in any required professional development (e.g., conferences, webinars, and/or trainings, etc.) to be held by the Department and/or the Department of Public Health including those trainings provided by the Institute for Health and Recovery.

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| **RHS Program Name:** |  |

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| --- | --- | --- | --- |
| **Type Name of District’s Superintendent/Collaborative’s Executive Director:** | |  | |
|  | | |  |
| **Signature of Superintendent/Executive Director** | | | **Date** |
|  | | |  |
| **Type Project Leader’s/Principal’s Name:** |  | | |
|  | | |  |
| **Project Leader’s/Principal’s Signature** | | | **Date** |