

Dashboard Alternative School Status (DASS)  
**Eligibility Certification**

|               |
|---------------|
|               |
| Date Reviewed |
| Date Approved |
| Date Denied   |
| Reviewer      |

**This Certification Covers a Three-Year Period**

**School Type** (*check one*):  Alternative School of Choice  Charter School

**School Information**

County-District-School (CDS) Code

County Name

School Name

District Name

**DASS Coordinator**

Coordinator's Name

Title

Area Code and Phone Number

E-mail Address

**Signatures of Certification**

The undersigned, hereby certify that the percentages of high-risk students stated on the DASS Participation Form are true and correct.

School Principal's Name

Signature and Date Certified

Superintendent's or  
Charter School Administrator's Name

Signature and Date Certified

Board President's Name

Signature and Date Certified

**Note:** This form and all supporting documents must be submitted to CDE for DASS Participation.