

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.