

Clarksville-Montgomery County School System

Certification/Assurance

I assure that the employees listed below are devoting 100% of their work time to allowable special education activities in either the IDEA Part B ☐ **or** Preschool ☐ (***check one***) program, for the period beginning _____ and ending _____.

Name of Employee(s):

Supervisor's Signature

Date

Title

School Name