

Administrator Implementation Checklist

ADMINISTRATOR NAME: _____

TITLE: _____

SCHOOL: _____

DISTRICT: _____

SCHOOL YEAR: _____

I verify that I have...

- 1. Determined which E-rate education implementation option best meets the needs of my school or district.
- 2. Introduced my staff to Common Sense Media's E-rate Toolkit resources and have implemented the chosen E-rate education option.
- 3. Compiled all of the Teacher Annual Verification Documents and any other pertinent documentation that my district requires.

I hereby certify that the above actions have been carried out during the 20__ – 20__ school year.

SIGNATURE: _____

DATE: _____