

## AIMS K-12 College Prep Charter District Board Submission Cover Letter

Submitter Information	
Full Name:	Marisol Magana
Position/Title:	Director
Department:	Health & School Support Services
	ssion (MM/DD/YYYY): 02/20/2024
Item Details Title of Item:	School Accountability Papart Card
	School Accountability Report Card
Is this item a:	New Submission
If Demonstrate	Renewal
If Renewal:	Please summarize any changes from the previous submission:
Approvals	
	peen reviewed by:
Has this item been reviewed by:  ✓ Superintendent	
Chief Business Officer (CBO) (If budget changes)	
Director of Compliance (If plan changes)	
☐ Neit	iner
Occupation Decision	
Committee Review	
	peen through the appropriate committee review process?
∐ Yes	∐ No
If yes: Please	specify which committee(s) and provide minutes or approval documentation:
If no: Explair	 n why:
<b>Deadline Inf</b>	ormation
Is there a subi	mission deadline for this item?
☐ Yes	□No
If yes: Please	indicate the deadline date (MM/DD/YYYY):
•	·
Financial Information (if applicable):	
Total Cost: \$	
Is this expenditure included in the annual budget?	
☐ Yes	
_	v in which plan this expense is indicated:
☐ SPS	·