

**Certification for At-Risk Payment for Fiscal Year 2001**

Division: \_\_\_\_\_ Division Number: \_\_\_\_\_

In order to receive the state at-risk payment, local school divisions are required to spend the established at-risk payment (state and local share) on approved programs for students who are educationally at-risk. The programs may include: Dropout Prevention, Advancement Via Individual Determination (AVID), Project Discovery, Reading Recovery, programs for students who speak English as a second language, and programs related to increasing the success of disadvantaged students in completing a high school degree and providing opportunities to encourage further education and training.

I hereby certify that the state and local shares of the at-risk payment will be used to support approved programs for students who are educationally at-risk in fiscal year 2001.

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

**Return this form by September 8, 2000 to:**

Ms. June Eanes  
Budget Director  
Department of Education  
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