



Lennox School District Administrator Implementation Checklist

ADMINISTRATOR NAME: _____

TITLE: _____

SCHOOL: _____

DISTRICT: _____

SCHOOL YEAR: _____

I verify that I have...

- 1. Shared with my staff the District's chosen implementation option and expectations.
- 2. Had a follow up meeting with my staff covering Common Sense Media's Digital Citizenship curriculum resources
- 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:** _____