

**NEW JERSEY STATE DEPARTMENT OF EDUCATION
 COMPREHENSIVE EQUITY PLAN FY 2007-2010
COUNTY OFFICE OF EDUCATION CEP REVIEW CHECKLIST**

DISTRICT/CHARTER: _____ COUNTY: _____

CONTACT PERSON: _____ PHONE: _____

Please Check
Yes No

I. GENERAL DOCUMENTS SUBMITTED

- | | | |
|---|-------|-------|
| 1. Summary Page of 2004-2007 Implementation | _____ | _____ |
| 2. District/Charter School information/Statement of Assurances | _____ | _____ |
| 3. Board of Ed resolution appointing the AAO | _____ | _____ |
| 4. Board of Ed resolution authorizing the AAT to conduct a needs assessment/develop the CEP | _____ | _____ |
| 5. Board of Ed resolution authorizing the submission of the proposed CEP | _____ | _____ |
| 6. Affirmative Action Team Membership Form | _____ | _____ |
| 7. District/charter school needs assessment checklist | _____ | _____ |
| 8. Comprehensive equity plan forms | _____ | _____ |
| 9. Desegregation Information Form (if District is "on the list") | _____ | _____ |

II. NEEDS ASSESSMENT CHECKLIST

A. Board Responsibility

- | | | |
|---|-------|-------|
| 1. Documentation noted by district/charter school is consistent with compliant area(s), including Board policy title, number and date of adoption | _____ | _____ |
| 2. Non-compliant area(s) identified | _____ | _____ |
| 3. Areas identified as N/A appropriately coded | _____ | _____ |

B. School and Classroom Practices

- | | | |
|--|-------|-------|
| 1. Documentation noted by district/charter school is consistent with compliant area(s) | _____ | _____ |
| 2. Non-compliant area(s) in the following sections identified: | | |
| i Equality and Equity in Curriculum | _____ | _____ |
| ii Equality and Equity in Student Access | _____ | _____ |
| iii Equality and Equity in Guidance Program Services | _____ | _____ |
| iv Equality and Equity in Physical Education & Athletics Programs | _____ | _____ |
| 3. Areas identified as N/A appropriately coded | _____ | _____ |

C. Employment and Contract Practices

- | | | |
|--|-------|-------|
| 1. Documentation noted by district/charter school is consistent with compliant area(s) | _____ | _____ |
| 2. Non-compliant area(s) identified | _____ | _____ |
| 3. Areas identified as N/A appropriately coded | _____ | _____ |

III. CEP PLAN COMPONENTS ("No" items should be explained on district revision form)

YES NO N/A

A. Board Responsibility

- | | | | |
|---|-------|-------|-------|
| 1. Non-compliant Areas are identified | _____ | _____ | _____ |
| 2. Activities are consistent with objective | _____ | _____ | _____ |
| 3. Implementation Strategies are consistent with objective | _____ | _____ | _____ |
| 4. Timelines are shaded to indicate implementation | _____ | _____ | _____ |
| 5. Indicator of Accomplishment is consistent with implementation strategy | _____ | _____ | _____ |

**NEW JERSEY STATE DEPARTMENT OF EDUCATION
 COMPREHENSIVE EQUITY PLAN FY 2007-2010
 COUNTY OFFICE OF EDUCATION CEP REVIEW CHECKLIST**

B. Staff Development

Yes No

- | | | |
|--|-------|-------|
| 1. Implementation Strategies address equality and equity issues | _____ | _____ |
| 2. Implementation Strategies are consistent with objective | _____ | _____ |
| 3. Timelines are fully shaded | _____ | _____ |
| 4. Indicator of Accomplishment consistent with Implementation Strategies | _____ | _____ |

C. School and Classroom Practices

Yes No N/A

- | | | | |
|---|-------|-------|-------|
| 1. Non-compliant areas included in the Checklist are addressed in the following sections: | | | |
| i Equality and Equity in Curriculum | _____ | _____ | _____ |
| ii Equality and Equity in Student Access | _____ | _____ | _____ |
| iii Equality and Equity in Guidance Program Services | _____ | _____ | _____ |
| iv Equality and Equity in Physical Education & Athletics Programs | _____ | _____ | _____ |
| 2. Activities are consistent with CEP objective | _____ | _____ | _____ |
| 3. Activities are consistent with Needs Assessment | _____ | _____ | _____ |
| 4. Implementation Strategies are consistent with objective | _____ | _____ | _____ |
| 5. Timelines are fully shaded | _____ | _____ | _____ |
| 6. Indicator of Accomplishment consistent with Implementation Strategies | _____ | _____ | _____ |

D. Employment and Contract Practices

Yes No N/A

- | | | | |
|--|-------|-------|-------|
| 1. Non-compliant areas are identified | _____ | _____ | _____ |
| 2. Activities are consistent with objective | _____ | _____ | _____ |
| 3. Activities are consistent with Needs Assessment | _____ | _____ | _____ |
| 4. Implementation Strategies are consistent with objective | _____ | _____ | _____ |
| 5. Timelines are fully shaded | _____ | _____ | _____ |
| 6. Indicator of Accomplishment consistent with Implementation Strategies | _____ | _____ | _____ |

Reviewer's Names(s): (print) _____

Reviewer's Signature(s) _____

_____ **Recommended for Approval**

_____ **Not Recommended for Approval**
 (Items missing, forms not completed, strategies/indicators not feasible, documentation unclear, incomplete and/or revisions needed; see next page)

Date of Initial Review: _____

Date of Final Review and Approval: _____