

# Appendix A: Statement of Assurances

## **HECC Office of Community Colleges and Workforce Development FY2025 Adult High School Diploma Program (AHSD) Statement of Assurances**

**College Name:** \_\_\_\_\_

**Submitted for Plan Year: 2025-26**

The college hereby assures the Office of Community Colleges and Workforce Development (CCWD) that the college will administer the AHSD program covered in Oregon Administrative Rule (OAR) 589-007-0600 in accordance with the provisions and conditions of all applicable state statutes, regulations, and program plan.

The college assures CCWD that:

1. A person eligible for an AHSD shall earn a minimum of one adult high school diploma academic credit while enrolled in the program.
2. The program maintains current transcript information.
3. Course syllabi are available to interested individuals.
4. The program provides instruction, including courses, curriculum, and proficiency assessments, based on academic content standards adopted by the State Board of Education.
5. Each student shall demonstrate proficiency in Essential Skills adopted by the State Board of Education as provided in OAR 581-022-2115.
6. Each student shall develop an education plan and profile that meets the requirements provided in OAR 581-022-2000.
7. Each student shall build a collection of evidence, or include evidence in existing collections, to demonstrate extended application as defined in OAR 581-022-0102.
8. Each student shall participate in career-related learning experiences outlined in the education plan as defined in OAR 581-022-0102.
9. Program data collection and reporting practices shall comply with local and state reporting requirements.
10. The program shall participate in ongoing program monitoring as required by CCWD. To the best of our knowledge and belief, the program plan made herein is in accordance with the terms of the HECC Office of Community Colleges and Workforce Development's AHSD plan requirements. We agree to comply with all of the preceding assurances and statements.

We hereby certify all of the above:

Typed Name: \_\_\_\_\_

Signature of

College President: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Signature of

Chairman of College Board of Directors: \_\_\_\_\_ Date: \_\_\_\_\_