SOS APA Form 001

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Department of Education Office of Accreditation		CONTACT PERSON Paula A. Vanderford	TELEPHONE NUMBER 601.359.3764	
ADDRESS P O Box 771		CITY Jackson	STATE MS	ZIP 39205
EMAIL pvanderford@mde.k12.ms.us	SUBMIT DATE 4/20/12	Name or number of rule(s): Proposed Revision to *The Mississippi Accountability Standards, 2010*		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Proposed revisions to the accreditation policies in the *Mississippi Public School Accountability Standards 2010*

Specific legal authority authorizing the promulgation of rule: MS Code 37-17-6

List all rules repealed, amended, or suspended by the proposed rule: *Mississippi School Accountability Standards, 2010*

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: Time: Place:

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	**Action proposed:** New rule(s) _____Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference **Proposed final effective date:** _____ 30 days after filing _____ Other (specify): _____	**Date Proposed Rule Filed: 2/17/12** **Action taken:** _____ Adopted with no changes in text __X__ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed **Effective date:** __X__ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Paula A. Vanderford, Director, Office of Accreditation
Signature of person authorized to file rules: _____

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED APR 20 2012 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filing by CB18689E

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.