SOS APA Form 001

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Department of Education		Paula A. Vanderford, Ph.D.	601.359.3764	
ADDRESS 359 N. West Street		CITY Jackson	STATE MS	ZIP 39201
EMAIL pavanderford@mdek12.org	SUBMIT DATE 6/17/16	Name or number of rule(s): 7 Miss Admin Code, Part 3, Chapter 14, Rule 14.19		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To establish policy to require all public schools and districts to use an evaluation system

Specific legal authority authorizing the promulgation of rule: *Miss. Code Ann.* § 37-1-3

List all rules repealed, amended, or suspended by the proposed rule: None

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:** __X__ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference **Proposed final effective date:** __X__ 30 days after filing _____ Other (specify): _____	**Date Proposed Rule Filed:** _____ **Action taken:** _____Adopted with no changes in text _____Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed **Effective date:** _____ 30 days after filing _____ Other (specify):

Printed name and Title of person authorized to file rules: Dr. Tarance Hart

Signature of person authorized to file rules : Tarance Hart

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED JUN 1 7 2016 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** #22037	**Accepted for filing by**

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