# Local Services Plan (LSP) Revision Cover Page

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County and District #:** | | <Enter County and District #> | | |
| **Name of District:** | | <Enter Name of District> | | |
| **Program Contact Name:** | | <Enter Contact Name> | | |
| **Phone Number:** | | <Enter Contact Phone Number> | | |
| **Email Address:** | | <Enter Contact Email Address> | | |
| **Revision Date:** | | <Enter Date Sent to CDE> | | |
| **LSP Start Date:** | <Enter Start Date> | | **LSP End Date:** | <Enter End Date> |

Please be sure to complete and submit all parts of the revision. Requests for revisions will be returned to districts that do not provide all the requested information. This document is divided into sections like the LSP – simply provide revisions made to each section or check the box indicating no changes were made. Please note that there is **NO DEADLINE** for revision submissions. **Send (1) the revised LSP and (2) this LSP revision form to Omar Estrada (**[**Estrada\_O@cde.state.co.us**](mailto:Estrada_O@cde.state.co.us)**) when finished with your revisions.**

## Reason for Local Services Plan Revision

Please provide a narrative that briefly explains the reason for this revision to your Local Services Plan below.

<Enter Response>

# Community/Under and Uninsured Health Needs Revisions

1. Did your District/BOCES gather input from community members for this revision? If so, please briefly describe how community members were included in this process and what changes in community health needs were identified.

**Note:** This may be considered when the revisions made are much different from prioritized or identified health needs outlined in the community sections of the LSP (Part II-A & Part II-B).

<Enter Response>

# Program Plan Revisions

Use this section to summarize revisions made to the program plan in your LSP (section III of the LSP). Please use your most recent LSP version when providing information in this section. If no revisions were made to a particular potion of the LSP program plan, leave that section blank

|  |  |
| --- | --- |
|  | No revisions made to the Program Plan (Add an “X” in the box if true) |

## Administrative (Admin) Expenditures Revisions

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Admin % allocation: | <Enter %> | New Admin % allocation: | <Enter %> |
| 1. Use the space below to describe the changes made to the administrative expenditures portion in your LSP and why they were needed. | | | |
| <Enter Response> | | | |

## Health Services (HS) Expenditures Revisions

|  |  |  |  |
| --- | --- | --- | --- |
| Previous HS % allocation: | <Enter %> | New HS % allocation: | <Enter %> |
| 1. Use the space below to describe the changes made to the health service expenditures portion in your LSP and why they were needed. | | | |
| <Enter Response> | | | |
| 1. Use the space below to describe health service categories that were added or removed because of this revision. | | | |
| <Enter Response> | | | |

# Goals and Objectives Revisions

Use this section to summarize revisions made to the goals and objectives section in your LSP (part IV of the LSP). Please use your most recent LSP version when providing information in this section. Use the two sections below to provide information on new Goals and Objectives added to your LSP, or on changes made to current goals and objectives.

|  |  |
| --- | --- |
|  | No revisions made to Goals and Objectives (Add an “X” in the box if true) |

## New Goals and Objectives

What new goals and objectives were added to your LSP? (Leave blank if no new goals and objectives were added)

|  |  |  |
| --- | --- | --- |
| **Goal** | **Objective(s)** | **Monitoring Plan** |
| Goal 1: <Enter Response> | Objective 1: <Enter Response>  Objective 2:  Objective 3: | Plan 1: <Enter Response> |
| Goal 2: | Objective 1:  Objective 2:  Objective 3: | Plan 1: |
| Goal 3: | Objective 1:  Objective 2:  Objective 3: | Plan 1: |

## Revisions to Current Goals and Objectives

In the space below, describe the changes made to the goals, objectives, and/or monitoring plans present in your LSP. Please provide the goal and objective number when describing the changes made to your most recent LSP version.

<Enter Response>