# REQUIRED DOCUMENTATION CHECKLIST

**ALTERNATIVE EDUCATIONAL ACADEMY OF IOSCO COUNTY (updated 1-16-20)**

***All Forms Must Be Signed by Administration and Dated***

**\* = ONLY** if needed or is applies to your district, everything else is a must

**+ = MUST** be **on file in the school office** for field audit & provided in desk audit **ONLY** if requested by Auditor.

**Please list N/A on the line next to the items that do not apply to your audit or a put a check mark next to the item if you have addressed it; otherwise, I will assume you did not address the item and will request additional information for the item in question.**

\_\_\_\_ **District Planning Form**

\_\_\_\_ **DS-4061 form from MSDS** (One form for the district, printed from MSDS after final certification)

\_\_\_\_ **Record Retention Policy** (In the AEA handbook-verifying the district follows the Records Retention and Disposal Schedule for Michigan Public Schools)

**\_\_\_\_ District wide alphabetized, master teacher list with full legal names in EXCEL. (Fall and Spring Count)**

High light changes since previous count in light blue-use list created in fall of 2019.

(Include previous names of teachers who have had name change)

a. Must include subject taught.

\_\_\_\_ **District/Building Calendars** adopted by the board of ed. This should include PD days for instructors.

**\_\_\_\_ Data Summary Report from Macomb or MSDS, one step before CEPI in the “S” section of the dropdown**

**\_\_\_\_ Alpha List by grade from MSDS** (Verify alpha list and MSDS totals balance before submitting to auditor)

\_\_\_\_ **Alpha List** **Verification:** Printed from the SIS, alphabetized by grade, and must include a minimum of the following information:

**a. Signed and dated by the building principal**

b. District and building **name**

d. Pupil’s legal name

e. Pupil’s street address, city, state, zip code **(No PO Boxes)**

f. Pupil’s date of birth

g. District pupil identification number (could be different than the MSDS UIC)

h. Pupil’s grade level or program classification.

j. Total FTE for each pupil, including the breakdown between general education and special education, to two decimal places.

k. FTE broken down to general and special education and head count, with a total for each grade level and a grand total for the building.

l. POP II and II pupils are identified or provided on separate lists

**\_\_\_\_ Worksheets A/B** (form should include the following-same as in the past)

a. Teacher’s name and program code b. FTE is broken down by grade, general ed and special ed

c. Resident district has been identified for pupils being educated outside their district of residence.

**\_\_\_\_ Verification statement:** (List only the students for whom you have not received required birth documentation. Signature certifies the district is in compliance with the statements listed on the verification statement.)

**\_\_\_\_ Birth Certificate Verification/Birth Affidavit\*** (This form should only be completed for those students who could not produce a birth certificate and other documentation was accepted.)

a. The documentation used and the affidavit must be attached.

**\_\_\_\_ Add/Drop List** (Indicate on SIS generated list, entry or withdrawal and include the entry or withdrawal date)

**\_\_\_\_ Scheduled Days** of instruction for **K-12 & Special Education**

**\_\_\_\_ Scheduled Hours** of Instruction for **K-12 & Special Education** (separate forms for ½ days and other days)

\_\_\_\_\_ Include the time the lab opens and closes each day and total the hours.

\_\_\_\_ **Graduation Requirements#** (Fall Count only, unless changes made then provide again for spring count)

**\_\_\_\_ Board Approved List of Classes** (Fall count only, unless changes made then provide again for spring count)

**\_\_\_\_ Master Teacher’s schedule** (include full legal names, schedules)

**\_\_\_\_ Attendance Policies, board approved** # Fall Count Only (Include electronic policy and excused absence policy)

**\_\_\_\_ Virtual Learning Consent s**ample copy + Retain signed consent on file & provide to auditor for field audit.

\_\_\_ Teacher of Record spreadsheet signed by director for all virtual learning classes.

\_\_\_ List of mentor teachers or list of mentor teacher on count day assignment completion forms.

\_\_\_ Receipt showing proof of payment for virtual classes, renewal for fall of 2020. Fall count only.

**\_\_\_\_ Cooperative Educational Program (5-B) \***

**\_\_\_\_ Part-Time Pupils List (5-F-1) \*** (Include reason why they are part-time) **\***

**\_\_\_\_ Dual Enrollment, Postsecondary & CTE Pupil List (5-G-A) \***

a. District must provide proof the district paid the college tuition for the DE courses

b. A list from the college indicating the courses taken and credit awarded for each student

c. On the college course list, indicate if any courses were dropped by the student.

**\_\_\_\_ Split Schedule Pupils List (5-M-1) \*** (Must include times and total hours the pupil attends at each district so FTE can be calculated for accuracy by the auditor. Calculations to determine FTE can be provided by the district to demonstrate FTE collected.)

**\_\_\_\_ Student Schedules must be printed on Count Day-Proof of membership (Same list as provide in the past)**

List of students enrolled and their schedules (courses, teacher of record) printed on count day.

\_\_\_\_ **Two-way contact form** for each student for four weeks, one per week beginning with count day or course

completion on count day.

**\_\_\_\_ Work Based Learning (WBL), CTE, Non-CTE or Special Education Experiences, Apprenticeships, and**

**Internships Pupil List (5-P)\***

**The following documentation is required for all of the above WBL Categories-Tech staff will provide this paperwork to you if you have WBL students through their programs.**

**1. Training agreement which should include the following:**

a. Signatures of parents, student, teacher, employer and CTE director/principal

b. WBL visit dates, 9 weeks for general ed and 30 calendar days for special ed

c. Workmen compensation and liability insurance information

d. Responsibilities of all parties involved

e. Agreement was in place by count and WBL placement date

f. Safety training date (s)

g. Statement of compliance with federal and state labor laws

h. Agreement was on file with employer by placement

g. Written certification acknowledging compliance with the WBL companion document

(can put provided separate or included in the training agreement)

**2. Training Plan which should include the following:**

a. Pupils career/educational goals as outlined in their EDP

b. Performance elements for CTE approved programs

c. Non-CTE indication of academic course related to placement

**3. Completed, employer signed time sheets for the seven weeks of count**

**\_\_\_\_ Section 23a pupil list**

**\_\_\_\_ List of Homeless Students**

**Return this form with your required paperwork. If an item does not pertain to your building, you should note “NA” next to that item. Each line item should contain either a “check mark” or “NA”. The principal’s signature verifies that all required forms have been submitted and that the line items marked as “NA” do not apply to this program.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal’s Signature Date**