# REQUIRED DOCUMENTATION CHECKLIST

**ALTERNATIVE EDUCATIONAL ACADEMY OF IOSCO COUNTY (updated 9-29-20)**

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

**√ = Put a check next to** each item for which you have included paperwork in your desk audit.

**NA = Mark items NA** next to each item that is not applicable to your building so I know you addressed the item.

If item does not have an **NA** or a **√** I will assume you did not address this item and request information.

NC = **No change** from fall count. (If no change for spring, indicate NC on the line to the left of the item)

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

**# = MUST** supply for fall audit, not necessary for spring audit if there has been no change since fall audit. If not

indicated with a #, provide for both audits.

**Items with this background color are new from the legislation for 2020-2021**

**Count Period** = The week before count day, the week of count day, and the four weeks after count day.

**\_\_\_\_ District Cover Letter**

a. Provide a description of the different types of learning at your district.

Example: 100% student body is face to face

Example: We are providing face to face 4 Monday through Thursday with Friday being virtual; 100% virtual, and a hybrid of face to face 2 days a week Monday and Wednesday with the remaining three days a week being virtual.

b. Unique issues to your audit (FTE adjustments necessary for the auditor to make, etc.)

\_\_\_\_ **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.

b. List of teacher’s and their case load-Per discussion with Tina this fall

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

\_√\_\_ **Labor Day Attendance Waiver**-waived for 2020-2021 school year-Not necessary for 2021 as waived in EO.

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

**\_\_\_ Proof of 75% Attendance-**Monthly documented participation with 75% of the students

**\_\_\_\_ 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/Pandemic learning**

NA **Parental Consent s**ample (NA 20/21) + 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)**

**For desk audit district:**

a. A pupil list of all students enrolled in DE whether through the local district or the Tech Center. **Provide a**

**separate Pupil List form for the District and the Tech Center** and indicate as such at the top under building-program.

b. If there are no DE students at the Tech Center, provide a copy of an email stating such.

c. The DE courses, including DE courses through the Tech Center, **must be listed on the District students’**

**schedule prior to count day.**

**\_\_\_\_ 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) Experiences, Apprenticeships, and Internships Pupil List (5-P)-Tech Centers**

a. If no WBL students are placed at count, an email/statement should be provided by both the IRESA and the BAISD stating no WBL students were placed at a WBL experience at the time of count day.

\_\_\_ a. BAISD-If no WBL students, include email stating such form BAISD.

\_\_\_ a. IRESA- If no WBL students, include email stating such form IRESA.

**\_\_\_\_ 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.**

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**Principal’s Signature Date**

**MAKE SURE ALL DOCUMENTS ARE INCLUDED, SIGNED AND DATED IF REQUIRED**

**BEFORE SUBMITTING DOCUMENTS TO THE AUDITOR.**