# REQUIRED DOCUMENTATION CHECKLIST

#### ELEMENTARY SCHOOL

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

\_\_\_District Planning Form (should have one form for the district – filled out by Central Office) **#**

\_\_\_MSDS DS-4061 (should have one form for the district – printed after final certification – Central Office) **#**

\_\_\_Record Retention Policy (signed statement from Central Office stating that the district follows the Records Retention

and Disposal Schedule for Michigan Public Schools) **#**

\_\_\_Alpha List Verification-alpha by grade printed from **Skyward** must include, at a minimum, the following **#**:

* District and Building Name
* Pupil’s legal name
* Pupil’s street address, city, state and zip code **(No PO Boxes)**
* District pupil identification number (could be different than the MSDS UIC)
* Date of birth
* Residency status (resident or nonresident) and name or school code of resident district for nonresident pupils
* Pupil’s grade level or program classification
* Total FTE for each pupil, including the breakdown between general education and special education to two decimal places
* FTE broken down to general and special education and headcount with a total for each grade level and a grand total for the building
* Indication of absence for any pupil not in attendance on count day, who attended the missed course(s) within the next 10 school days if the absence was unexcused, or within 30 calendar days if the absence was excused. The district may provide the 10/30-day report separately
* Signed and dated by the building principal
* POP II and III pupils are identified or provided on separate lists

\_\_\_Alpha List Verification (alpha by grade) from **MSDS**

\_\_\_Worksheets A/B **#**

\_\_\_Verification Statement

\_\_\_Birth Certificate Verification/Birth Affidavit **\***

\_\_\_Copies of waivers for K students who are not 5 by September 1, 2018, but will be 5 by December 1, 2018 **\***

\_\_\_Add/Transfer/Drop List

\_\_\_District/Building Calendar-from Central Office#

**\_\_\_**Scheduled Days of Instruction for Kindergarten (If different from all other grades in building) **\***

\_\_\_Scheduled Days of Instruction for K-12 & Special Education

\_\_\_Scheduled Hours of Instruction for Kindergarten (If different from all other grades in building) **\***

\_\_\_Scheduled Hours of Instruction for K-12 & Special Education (separate form for ½ days or other days)

­­­\_\_\_Proof of 75% Attendance

\_\_\_Master Schedule of Teachers (full legal names, room numbers, class times, course names, lunch breaks)

\_\_\_Student Schedules must be printed on Count Day **+**

\_\_\_Attendance Policies (Include electronic policy and excused absence policy)

\_\_\_Record of parent or legal guardian consent for virtual course enrollment, if it applies

\_\_\_Excused Absence Documentation for Count Day (name of student, grade, date(s) absent, periods absent,

reason, signature of administrator or designated staff, name/relationship of person making contact) **+**

\_\_\_Documentation for Count Day (sign-in and sign-out sheet) **+**

\_\_\_Count Day Absence List

\_\_\_Home Based Pupils List/ Home Based Teacher Log **\***

\_\_\_Homebound & Hospitalized Pupils List with Dr. notes**\***/Homebound & Hospitalized Teacher Log **\***

\_\_\_Nonpublic and Home Schooled Pupils List**\***

\_\_\_Part-Time Pupils List\*/Reasons that they are part-time **\***

\_\_\_Schools of Choice Pupils List\*/Enrollment forms for students new this count\*/New students identified on the list **\***

\_\_\_Shortened School Day for Special Education Students List **\*/** Dr. note and page of IEP stating shortened day**\***

\_\_\_Split-Schedule Pupils List **\***

\_\_\_Suspended Students (returning within 45 days with no service) Pupils List**\***

\_\_\_Suspended Students (in-school short term suspension with supervision) Pupils List**\***

\_\_\_List of Homeless Students

***\* = ONLY*** if needed, everything else is a must ***+ = MUST*** be on file in office and provided ***ONLY*** if auditor requests

**# = *ONLY*** supplied by Central Office

**Return this form with your required paperwork. If an item does not pertain to your building, you can 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**

Updated 8/24/2018

# REQUIRED DOCUMENTATION CHECKLIST

# MIDDLE SCHOOL

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

\_\_\_District Planning Form (should have one form for the district – filled out by Central Office) **#**

\_\_\_MSDS DS-4061 (should have one form for the district – printed after final certification – Central Office) **#**

\_\_\_Record Retention Policy (signed statement from Central Office stating that the district follows the Records Retention

and Disposal Schedule for Michigan Public Schools) **#**

\_\_\_Alpha List Verification-alpha by grade from **Skyward** must include, at a minimum, the following **#**:

* District and Building Name
* Pupil’s legal name
* Pupil’s street address, city, state and zip code **(No PO Boxes)**
* District pupil identification number (could be different than the MSDS UIC)
* Date of birth
* Residency status (resident or nonresident) and name or school code of resident district for nonresident pupils
* Pupil’s grade level or program classification
* Total FTE for each pupil, including the breakdown between general education and special education, to two decimal places
* FTE broken down to general and special education and headcount, with a total for each grade level and a grand total for the building
* Indication of absence for any pupil not in attendance on count day, who attended the missed course(s) within the next 10 school days if the absence was unexcused, or within 30 calendar days if the absence was excused. The district may provide the 10/30-day report separately
* Signed and dated by the building principal
* POP II and III pupils are identified or provided on separate lists

\_\_\_Alpha List Verification (alpha by grade) from **MSDS**

\_\_\_Worksheets A/B **#**

\_\_\_Verification Statement

\_\_\_Birth Certificate Verification/ Birth Affidavit **\***

\_\_\_Add/Transfer/Drop List

\_\_\_District/Building Calendars-from Central Office#

\_\_\_Scheduled Days of Instruction for K-12 & Special Education

\_\_\_Scheduled Hours of Instruction for K-12 & Special Education (separate form for ½ days or other days)

­­­\_\_\_Proof of 75% Attendance

\_\_\_Master Schedule of Teachers (full legal names, room numbers, class times, course names lunch breaks)

\_\_\_Student schedules must be printed on Count Day **+**

\_\_\_Attendance Policies (Include electronic policy and excused absence policy)

\_\_\_ Record of parent or legal guardian consent for virtual course enrollment, if it applies

\_\_\_Excused Absence Documentation for Count Day (name of student, grade, date(s) absent, periods absent,

reason, signature of administrator or designated staff, name/relationship of person making contact) **+**

\_\_\_Documentation for Count Day (sign-in and sign-out sheet) **+**

\_\_\_Count Day Absence List

\_\_\_Home Based Pupils List\*/Home Based Teacher Log **\***

\_\_\_Homebound & Hospitalized Pupils List with Dr. notes**\***/Homebound & Hospitalized Teacher Log **\***

\_\_\_Nonpublic and Home Schooled Pupils List **\***

\_\_\_Part-Time Pupils List **\***/Reasons they are part-time**\***

\_\_\_Schools of Choice Pupils List\*/Enrollment forms for students new this count **\***/New students identified on the list**\***

\_\_\_Shortened School Day for Special Education Students List **\***/Dr. note and page of IEP stating shortened day**\***

\_\_\_Split-Schedule Pupils List **\***

\_\_\_Suspended Students (returning within 45 days with no service) Pupils List**\***

\_\_\_Suspended Students (in-school short term suspension with supervision) Pupils List**\***

\_\_\_Distance Learning and Independent Studies**\***

\_\_\_Virtual Learning Options Pupils List **\***

\_\_\_List of Homeless Students

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**# = *ONLY*** supplied by Central Office

**Return this form with your required paperwork. If an item does not pertain to your building, you can 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**

Updated 8/24/2018

# REQUIRED DOCUMENTATION CHECKLIST

**HIGH SCHOOL**

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

\_\_\_District Planning Form (should have one form for the district – filled out by Central Office) **#**

\_\_\_MSDS DS-4061 (should have one form for the district – printed after final certification – Central Office) **#**

\_\_\_Record Retention Policy (signed statement from Central Office stating that the district follows the Records Retention

and Disposal Schedule for Michigan Public Schools) **#**

\_\_\_Alpha List Verification-alpha by grade printed from **Skyward** must include, at a minimum, the following **#**:

* District and Building Name
* Pupil’s legal name
* Pupil’s street address, city, state and zip code **(No PO Boxes)**
* District pupil identification number (could be different than the MSDS UIC)
* Date of birth
* Residency status (resident or nonresident) and name or school code of resident district for nonresident pupils
* Pupil’s grade level or program classification
* Total FTE for each pupil, including the breakdown between general education and special education to two decimal places
* FTE broken down by general and special education and headcount with a total for each grade level and a grand total for the building
* Indication of absence for any pupil not in attendance on count day, who attended the missed course(s) within the next 10 school days if the absence was unexcused, or within 30 calendar days if the absence was excused. The district may provide the 10/30-day report separately
* Signed and dated by the building principal
* Pop. II and III pupils are identified or provided on separate lists

\_\_\_Alpha List Verification (alpha by grade) from **MSDS**

\_\_\_Worksheets A/B **#**

\_\_\_Verification Statement

\_\_\_Birth Certificate Verification/Birth Affidavit **\***

\_\_\_Add/Transfer/Drop List

\_\_\_District/Building Calendars-from Central Office#

\_\_\_Scheduled Days of Instruction for K-12 & Special Education

\_\_\_Scheduled Hours of Instruction for K-12 & Special Education (separate form for ½ days or other days)

\_\_\_Graduation Requirements

\_\_\_Board Approved List of Classes

\_\_\_Proof of 75% Attendance

\_\_\_Student Schedules must be printed on Count Day +

\_\_\_Master Schedule of Teachers (full legal names, room numbers, class times, course names, lunch breaks)

\_\_\_Attendance Policies (Include electronic attendance policy and excused absence policy) \_ \_\_\_Record of parent or legal guardian consent for virtual course enrollment, if it applies \_ \_\_\_Excused Absence Documentation for Count Day (name of student, grade, date(s) absent, periods absent, reason,

signature of administrator or designated staff, name/relationship of person making contact) +

\_\_\_Documentation for Count Day (sign-in and sign-out sheet) +

\_\_\_Count Day Absence List

\_\_\_Cooperative Education Program Pupils Lists **\***

\_\_\_Foreign Exchange Students List **\***

\_\_\_Home Based Pupil List**\***/Home Based Teacher Log **\***

\_\_\_Homebound & Hospitalized Pupil Listwith Dr. notes **\***/Homebound & Hospitalized Teacher Log **\***

\_\_\_Nonpublic and Home Schooled Pupils List**\***

\_\_\_Part-Time Pupils List \*/Reasons they are part-time**\***

\_\_\_Postsecondary and Career and Technical Education Dual Enrollment Pupils List**\***/Proof of District Payment\*

\_\_\_Early/Middle College Pupils List\*/Proof of District Payment **\***

\_\_\_Reduced Schedule Pupils List**\***/ Request and Approval Form**\***

\_\_\_Schools of Choice Pupils List**\***/Enrollmen**t** forms for students new this count \*/New students identified on the list**\***

\_\_\_Shortened School Day for Special Education Students List**\***/Dr. note and page of IEP stating shortened day**\***

\_\_\_Special Education Pupil Transition Services Pupils List**\***

\_\_\_Split-Schedule Students Pupils List**\***

\_\_\_Suspended Students (returning within 45 days with no services) Pupils List**\***

\_\_\_Suspended Students (In school suspension with supervision) Pupils List**\***

\_\_\_ Distance Learning and Independent Studies Pupils List**\***

\_\_\_ Virtual Learning Options Pupils List**\***

\_\_\_ Work-Based Learning Experiences, Apprenticeships, and Internships Pupils List **\***

\_\_\_CTE Approved Work-Based Learning Agreement **\***

\_\_\_CTE Approved Unpaid In-District Work-Based Learning Agreement **\***

\_\_\_Non-CTE Work-Based Learning Agreement **\***

\_\_\_Work-Based Training Plan **\***

\_\_\_Work-Based Learning for Special Education Pupils List**\***

\_\_\_Work-Based Learning Visitation Logs**\***

\_\_\_List of Homeless Students

**Return this form with your required paperwork. If an item does not pertain to your building, you can 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**

Updated 8/24/2018

# REQUIRED DOCUMENTATION CHECKLIST

**ALTERNATIVE EDUCATIONAL ACADEMY OF IOSCO COUNTY**

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

\_\_\_District Planning Form

\_\_\_MSDS DS-4061

\_\_\_Record Retention Policy (signed statement stating that the district follows the Records Retention and Disposal Schedule

for Michigan Public Schools)

\_\_\_Alpha List Verification (alpha by grade printed from SIS must include, at a minimum, the following:

* District and Building Name
* Pupil’s legal name
* Pupil’s street address, city, state and zip code (No PO Boxes)
* District pupil identification number (could be different than the MSDS UIC)
* Date of birth
* Pupil’s grade level or program classification
* Total FTE for each pupil, including the breakdown between general education and special education, to two decimal places
* FTE broken down to general and special education and headcount, with a total for each grade level and a grand total for the building
* Signed and dated by the building principal
* POP II and III pupils are identified or provided on separate lists

\_\_\_Alpha List Verification (alpha by grade) from **MSDS**

\_\_\_Worksheets A/B

\_\_\_Verification Statement

\_\_\_Birth Certificate Verification/Birth Affidavit **\***

\_\_\_Add/Transfer/Drop List

\_\_\_District/Building Calendars

\_\_\_Scheduled Days of Instruction for K-12 & Special Education

\_\_\_Scheduled Hours of Instruction for K-12 & Special Education (separate form for ½ days or other days)

\_\_\_Graduation Requirements

\_\_\_Board Approved List of Classes

\_\_\_Master Schedule of Teachers (full legal names, schedules)

\_\_\_Attendance Policies (Include electronic attendance policy and excused absence policy)

\_\_\_Record of parent or legal guardian consent for virtual course enrollment, if it applies

\_\_\_Student Schedules must be printed on Count Day +

\_\_\_Cooperative Education Program Pupils Lists **\***

\_\_\_Part-Time Pupils List**\***

\_\_\_Split-Schedule Pupils**\***

\_\_\_List of Enrolled Students and Schedules

\_\_\_Two-Way Contact Form for Each Student

\_\_\_List of Homeless Students

**Return this form with your required paperwork. If an item does not pertain to your building, you can 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**

**Updated 8/24/2018**

**REQUIRED DOCUMENTATION CHECKLIST**

**IRESA SPECIAL EDUCATION**

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

\_\_\_District Planning Form

\_\_\_MSDS DS-4061

\_\_\_Record Retention Policy (signed statement stating that the district follows the Records Retention and Disposal Schedule

for Michigan Public Schools)

\_\_\_Alpha List Verification (alpha by grade printed from SIS must include, at a minimum, the following:

* District and Building Name
* Pupil’s legal name
* Pupil’s street address, city, state and zip code (No PO Boxes)
* District pupil identification number (could be different than the MSDS UIC)
* Date of birth
* Pupil’s grade level or program classification
* Total FTE for each pupil to two decimal places
* FTE and headcount with a total for each grade level and a grand total for the building
* Signed and dated by program administrator
* POP II and III pupils are identified or provided on separate lists

\_\_\_Alpha List Verification (alpha by grade) from **MSDS**

\_\_\_Verification Statement

\_\_\_Birth Certificate Verification/Affidavit \*

\_\_\_Add/Transfer/Drop List

\_\_\_District/Building/Program Calendars

\_\_\_Scheduled Days of Instruction for K-12 & Special Education

\_\_\_Scheduled Hours of Instruction for K-12 & Special Education (separate form for ½ days or other days)

\_\_\_Master Schedule of Teachers (full legal names, room numbers, building, class times, lunch breaks)

\_\_\_Attendance Policies (Include electronic policy and excused absence policy)

\_\_\_Excused Absence Documentation for Count Day (name of student, grade, date(s) absent, periods absent,

      reason, signature of administrator/designated staff, name/relationship of person making contact) +

\_\_\_Suspended Students (returning within 45 days with no service) \*

\_\_\_Worksheets A/B

\_\_\_Count Day Absence Forms/Early Childhood Absence Forms

\_\_\_Home Based Pupil List/Home Based Teacher Log \*

\_\_\_Homebound & Hospitalized Pupil List with Dr. notes/Homebound & Hospitalized Teacher Log \*

\_\_\_Nonpublic Part-Time Pupils and Home Schooled Pupils \*

\_\_\_Part-Time Pupils \*

\_\_\_Split-Schedule Pupils \*

\_\_\_Shortened School Day for Special Education Students\*

\_\_\_List of Homeless Students

**Return this form with your required paperwork. If an item does not pertain to your building, you can 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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**# = *ONLY***supplied by Central Office

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

**Principal's Signature                                                                    Date**

**Updated 8/24/2018**