# REQUIRED DOCUMENTATION CHECKLIST

**High Schools** (updated 1-21-20)

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

**\* = ONLY** if needed or if 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.

**# = MUST** supply for fall audit, not necessary for spring audit. If not indicated with a #, provide for both audits.

CO= **Central Office** supplies this paperwork

**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.**

**Information provided by Central Office (CO):**

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

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

**\_\_\_\_ Record Retention Policy**

(Signed statement from CO stating district follows Records Retention/Disposal Schedule for MI 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. May be printed at each building or district wide but must include subject/grade/building(s) they teach at.

 \_\_\_ b. The list must include all daily substitutes in place on count day.

**\_\_\_\_ District/Building Calendars** (Calendar should include PD days for instructors)

**\_\_\_\_ Alpha List by grade from MSDS** (confirm totals balance with the alpha list before submitting to auditor)

\_\_\_\_\_ **District participation or non-participation in School of Choice form** (School of Choice Certification form)

\_\_\_\_ **Cooperative Agreement BAISD CTE students if applicable (IRESA agreement provided directly to auditor) \***

\_\_\_\_ **Travel Waivers if applicable. PAM 2-3**

**Information provided by High School Building:**

**\_\_\_\_ 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

 c. Pupil’s legal name d. Pupil’s date of birth

 e. Indication of each student who was absent on count day, excused or unexcused

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

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

 h. Pupil’s grade level or program classification.

 i. Residency status (resident/nonresident) include name and school code of resident district for nonresident pupils.

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

k. FTE broken by general and special education and headcount 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** (may be provided by Central Office)

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

 \_\_\_ Note: If the district counts not more than 2 study halls, the district must provide at least 90 more hours than

 the minimum number of hours of instruction or 1188 hours of instruction annually.

\_\_\_\_ **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)

**\_\_\_\_ Proof of 75% Attendance** (Report can be printed from SIS and signed)

**\_\_\_\_ Student Schedules must be printed on Count Day +** (Retain on file & provide to auditor if requested)

**\_\_\_\_ Master Teacher’s schedule** (include full legal names, room numbers, class times, course names, lunch breaks)

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

**\_\_\_\_ Excused Absence on Count Day Documentation** + Retain on file & provide to auditor during the field audit.

Documentation for excused absences should include: (Sample count day documentation form on IRESA website)

a. Pupil’s name b. Building, grade, program if applicable

c. Course name and number (hour) d. Date of absence

e. Name/relationship of person reporting the absence f. Reported reason for absence

g. Date of the report h. Signature of administrator or designated staff

 i. Count day sign-in and sign-out sheet

**\_\_\_\_ Count Day Absence List** (count day absence form applicable for your school indicating when students returned)

**\_\_\_\_ Count Period attendance records IRESA Tech Center-provided directly to auditor from IRESA Secretary**

**\_\_\_\_ BAISD Tech Center Student Attendance Records:** Attendance records for attendance taken at **BAISD for CTE** students for the full count period must be provided for any students attending Tech Center Programs at BAISD.

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

**\_\_\_\_ Foreign Exchange Pupil List \*** (Must document type of visa)

**\_\_\_\_ Home Based Pupil List/Signed Home Based Teacher Log (5-C-1)** \*

a. Signed teacher logs

**\_\_\_\_ Homebound & Hospitalized Pupils List (5-D-1) \* (include the following documentation)** a. Signed teacher logs

b. Physician (MD/DO-only) letter stating medical need for homebound services

 (physician’s name should be typed or printed next to signature)

c. IEP, section 7 indicating required service

**\_\_\_\_ Nonpublic and Home Schooled Pupils List (5-E-1)** **\***

**\_\_\_\_ Part-Time Pupils List (5-F-1) \***

 \_\_\_ a. Include the reason why they are part time on the form.

 \_\_\_ b. Daily arrival and departure times should be included on the form.

 \_\_\_ c. Include on the form math calculations used to determine the daily and annual hours the student attended.

**\_\_\_\_ 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 that were dropped by the student.

**\_\_\_\_ Early Middle College Pupil List (5-G-B-1) \*** (Complete both EMC forms)

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

**\_\_\_\_ Reduced Schedule Pupil List (5-H) \***

 a. Student must be schedule for 80% of the required minimum number of hours of instruction for the school year.

 b. Provide the approval form documenting parental signature requesting the reduced schedule and signatures

 by district administration approving the reduced schedule.

**\_\_\_\_ Shortened School Day for Special Education IEP Students List (5-H-1) \***

\_\_\_ a. Include a doctor note signed by a licensed physician (M.D./D.O.) or a licensed physician assistant documenting the medical or emotional reason the pupil cannot attend a full school day. The signature must be accompanied by the typed or printed name of the doctor or physician assistant who signed the note for identification purposes.

\_\_\_ b. IEP documenting the above medical/emotional need and the student’s schedule.

 \_\_\_ c. Daily arrival and departure times should be included on the form.

 \_\_\_ d. Include on the form math calculations used to determine the daily and annual hours the student attended.

**\_\_\_\_ Schools of Choice Pupils List (5-I-1) \***

 a. The SOC form must identify all newly enrolled SOC students for this count and include a copy of their

 enrollment forms.

 b. Cooperative agreement form for all newly enrolled 105C, special education students, must be included with the form. 105C: A school of choice student who is transferring in from a contiguous ISD. One copy at initial time

 of enrollment.

**\_\_\_\_ Special Education Pupil Transition Services Pupil List (5-L-1) \***

**\_\_\_\_ Split Schedule Pupils List (5-M-1) \***

 \_\_\_ a. Daily arrival and departure times should be included on the form.

 \_\_\_ b. Include on the form math calculations used to determine the daily and annual hours the student attended.

**\_\_\_\_ Suspended Students (returning within 45 days with no service) and Expelled Pupil List (5-N-1/page 1-5) \***

The attendance book of the teacher of record must show the pupil was absent from class due to suspension.

**\_\_\_\_ Suspended Students** (**in-school short term suspension** with supervision) Pupil List (Can be printed from SIS) \*

 Teacher of record shows student absent due to suspension and pupil was supervised by a certificated staff member with attendance taken where the pupil was served.

**\_\_\_\_ Distance Learning & Independent Studies (5-O-A-1) \***

This does not apply to students taking advanced course work in a classroom daily with a certified teacher.

**\_\_\_\_ Virtual Learning Options Pupils List (5-O-D-1) \***

a. Do students in the building participate in virtual learning? \_\_\_\_\_ Yes \_\_\_\_\_ No

 b. If yes, provide a sample copy of the parental consent form for virtual learning along with the list of virtual learning students form.+ Retain signed consent on file & provide to auditor for field audit.

 c. Two-way communication logs provided if applicable. (Not necessary if the student is under the direct supervision of a certified teacher of record or a certified mentor teacher and attendance is taken daily by either certified teacher who is directly supervision the student.)

**\_\_\_\_ Work Based Learning (WBL) Experiences, Apprenticeships, and Internships Pupil List (5-P)\***

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.

**\_\_\_\_ CTE Approved Paid and Unpaid WBL Pupil List**

**\_\_\_\_ Non-CTE WBL Pupil List**

**\_\_\_\_ WBL for Special Education Pupils List**

 **The following documentation is required for all of the above WBL categories**

 **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/state labor laws-documented for auditor

 h. Agreement was on file with employer by placement-documented for auditor

 g. Written certification acknowledging compliance with the WBL companion document-provided by signature on

 the WBL form

 i. Statement of assurance for non-discrimination.

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

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

 b. Performance elements for unpaid workers must show specific, unduplicated skills that the pupil will be learning

 need to be listed for each 45 hours of placement.

 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.**

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**Principal’s Signature Date**