# REQUIRED DOCUMENTATION CHECKLIST

**High Schools** (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.

CO= **Central Office** supplies this paperwork

**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.

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

**\_\_\_\_ 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 after final certification)

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

(Signed/dated 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 Count/Spring Count if different than fall count.)**

High light changes since previous count in light blue-use excel 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) (Spring if changed since fall)

**\_\_\_\_ 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** (SOC Certification form) Fall only#

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

\_\_\_\_ **Travel Waivers if applicable. PAM 2-3 # (Still required for the 2020-2021 school year)**

\_\_\_\_ **Virtual Proof of Payment.** Proof of payment for Virtual classes. New for 2-12-20 audit.

NA **Labor Day Attendance Waiver**-waived by EO for 2020-2021 school year

**Information provided by High School Building:**

**\_\_\_\_ Alpha List** **Verification (Face to Face on count day students):** 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

**\_\_\_\_ Pandemic Learners: 100% Virtual and Hybrid Options**

List of all 100% virtual learning students.

List of all Hybrid learning students and what days they are scheduled to attend face to face.

If curriculum is purchased from an outside vendor, proof of payment will be required at field audit. +

Membership requirement documentation will be required by the auditor for field audit. +

**\_\_\_\_ 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 signed/dated affidavit must be attached.

**\_\_\_\_ Add/Drop List** (Indicate on top of 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?

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

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

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

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

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

a. Signed/dated teacher logs

b. General Ed Only: Parent signed excused absence documenting reason for excused absence for any service not

provided during count.

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

b. Physician (MD/DO or licenses physician assistant- Nurse Practitioners not acceptable) letter stating medical need for homebound services (physician’s name should be typed or printed next to dated signature)

c. IEP, section 7 indicating required service

d. For Gen Ed only: Parent signed excused absence documenting reason for excused for any service not provided during the count period.

e. Spec. Ed: Must request a deviation of service from the state for any service not provided during the count period. Documentation from the stated must be provided.

**\_\_\_\_ 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)**

**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.**

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

**For desk audit district:**

a. All EMC students must be listed on the **TWO EMC Pupil Accounting Pages** and provided to the auditor for

the desk audit.

b. Documentation showing the district reported the student in EEM as 3500 EMC by the fall of junior year.

**\_\_\_\_ 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 dated signature must be accompanied by the typed or printed name of the doctor or physician assistant who signed the note for identification purposes. (signature by a nurse practitioner is not acceptable)

\_\_\_ b. IEP documenting the above medical/emotional need and the student’s schedule-section 7.

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

**\_\_\_\_ 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.

105C: A SOC 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. Building names, codes, actual arrival and departure times, daily and annual hours of instruction must all be

included on the split schedule pupil list. (See slide 40 form the fall PowerPoint for ex. of completion of the form)

\_\_\_ b. Attach or include on the form math calculations used to determine the daily/annual hours the student

attended at each district.

**\_\_\_\_ 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

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) These students do not fall under the Pandemic Learns**

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. Membership requirement documentation should be retained on file for field audit or request by the auditor.

Membership requirement documentation will be required by the auditor for field audit.

d. If curriculum is purchased from an outside vendor, proof of payment will be required at field audit. +

**\_\_\_\_ CTE Approved, Non CTE, and Special Ed WBL Pupil List-Local District-Include Work Site Visit Dates on form**

**\_\_\_\_ 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 5-Q-A**

**\_\_\_\_ Foreign Exchange Pupil List 5-Q-C-1** (Must document type of visa on the form, ex. F-1 or J-1)

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

**Return this form with your required paperwork. 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**

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

**BEFORE SUBMITTING DOCUMENTS TO THE AUDITOR.**