# REQUIRED DOCUMENTATION CHECKLIST

**IRESA SPECIAL EDUCATION** (updated 1-21-20)

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

**Indicate N/A next to an item that does not apply or a check mark next to the item if you have addressed it; otherwise, it will be assumed you did not address the item and additional information will be requested.**

**\* = ONLY** if needed or if it 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** provide for fall audit, not necessary for spring audit. If not indicated with #, provide for both audits.

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

**Information provided by IRESA Admin and Staff:**

**\_\_\_\_ 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/Building Calendars** (Calendar grid for each program. Programs that have duplicate calendars may be listed at the top of the calendar and do not have to be printed separately. Include PD days for instructors)

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

**\_\_\_\_ 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, or program taught.

\_\_\_ b. This list should include all long term substitutes and all daily substitutes in place on count day.

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

the following information: **(MSDS Audit Report(MISD)-alphabetized by school/grade, FTE totals per grade)**

**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 MSDS UIC)

 h. Pupil’s grade level or program classification.

j. Total FTE for each pupil to two decimal places.

k. FTE 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

\_\_\_\_\_ **Attendance Book:** A copy of each teacher’s attendance book for the entire seven weeks of the count period. This may be copied at the end of the seven weeks but must include all seven weeks and the following information:

 \_\_\_ a. Schedules for part time and reduced schedule students

 \_\_\_ b. Note days school is not in session during count and indicate why using the district approved symbols: snow

day, school not scheduled, half day of school, etc.

 \_\_\_ c. Must be signed by the instructor in black or blue ink.

 \_\_\_ d. Student’s full names must be legible for the auditor to read.

 \_\_\_ e. Grade levels as well as am/pm must be designated in the grade book.

 \_\_\_ f. Print the week of count and note count day as such highlight, sign, and date count day.

 \_\_\_ g. Print the all 6 weeks of count the last week of count; sign and date this copy also.

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

**\_\_\_\_ Worksheets A/B** (provided by each teacher-same as in the past)

 \_\_\_ a. Forms should include teacher’s name, code and program code

 \_\_\_ b. FTE is broken down by grade

**\_\_\_\_ Verification statement:** (List only the students for whom you have not received birth documentation. Form is required as 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 Form** (Indicate entry or withdrawal at top of form & include entry/withdrawal dates)

 Form must be signed and dated.

**\_\_\_\_ Scheduled Days** of Instruction for **Pre-Kindergarten** (Teachers with same schedule/building, on one form) **\***

**\_\_\_\_ Scheduled Days** of instruction for **K-12 (14)** (Teachers with same schedule/building, on one form)

**\_\_\_\_ Scheduled Hours** of Instruction for **K-12 (14)** (Separate forms for ½ days-Teachers same schedule/one form)

**\_\_\_\_ Attendance Policies** # Fall Count Audit Only

\_\_\_ a. Include excused absence policy

\_\_\_ b. Classroom Closure 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 administrator or designated staff

**\_\_\_\_ Count Day Absence Forms/Early Childhood Absence Forms**

\_\_\_ a. Count day absence form applicable for each program indicating when students returned

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

\_\_\_ a. Teacher logs must document the required two hours of non-consecutive service provided by the teacher

 each week for the entire count period and must be signed and dated by the teacher who provided the service.

\_\_\_ b. Any excused absence documentation signed by the parent documenting the reason for the absence.

**\_\_\_\_ Homebound & Hospitalized Pupils List (5-D-1) \***

\_\_\_ a. Include signed teacher logs as well as physician letter (signed by MD or DO) stating medical

need/condition for homebound services. Physician’s signature must be accompanied by their printed or typed name so signature can be identified. See IRESA website has sample form.

\_\_\_ b. Current IEP must be included with section 7 documenting the homebound services.

\_\_\_ c. Teacher logs must document the required two hours of non-consecutive service provided by the teacher

each week for the entire count period and must be signed and dated by the teacher who provided the

service.

\_\_\_ d. Any excused absence documentation signed by the parent stating the specific reason for the absence

(Seizures, flu, etc.).

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

**\_\_\_\_ Part-Time Pupils List (5-F-1) \***(Verify the following items are included before submitting paperwork to auditor)

 \_\_\_ 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.

**\_\_\_\_ 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 **\_\_\_\_ Early Childhood Program (5-K-1) 340.1862** (Include form demonstrating 72 hours will be met and info below)

 \_\_\_ a. Documentation demonstrating student’s weekly schedule

\_\_\_ b. Hours of service provided each week of count

\_\_\_ c. Total hours of service provided since IFSP date

\_\_\_ d. Student on track to meet 72 hour of service by IFSP

\_\_\_ e. Students summer schedule if necessary to meet 72 hours by IFSP date

**\_\_\_\_ 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) Pupil List (5-N-1-also page 1-5) \***

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

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