# REQUIRED DOCUMENTATION CHECKLIST

**IRESA SPECIAL EDUCATION** (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.

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

**\_\_\_\_ 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 statement stating district follows Records Retention/Disposal

 Schedule for MI Public Schools-fall only). **#**

**\_\_\_\_ District/Building Calendars**-MUST BE SIGNED/DATED (Calendar grid for each program. Programs that have

 duplicate (Clute/Thompson) you can list their names at the top of the calendar and do not need to print separately.

 Include PD days for instructors) **# Fall only unless changes between fall and spring-Spring NC/no change**

\_\_\_\_ **Labor Day Attendance Waiver**-waived for 2020-2021 school year

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

**\_\_\_\_ 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.

**\_\_\_\_ District wide alphabetized, master teacher list/full legal names/EXCEL-New fall 2019. (Fall, spring if changes)**

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 by grade from MSDS** (Verify that 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. This report is found under the alpha report by school and grade.

**(MSDS Audit Report(MISD)-alphabetized by 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 each of the six weeks of count period. These records must be signed and dated and must include the following information:

 \_\_\_ a. Attendance records-copied for the entire 6 weeks of count-must include the following: Teachers name,

 school name (Hale, Tech, etc), program name, (HLL1, SCI, etc.), student’s full legal name (legible-not cut off), each students grade level, and am/pm, signed and dated by the teacher with black or blue ink.

 \_\_\_ b. The week of count day, the copy should have count day highlighted, signed, dated.

 \_\_\_ c. Schedules for part time and reduced students noted in attendance records for each student in this situations

 \_\_\_ d. Note any students entering/exiting the classroom and where they went-to another classroom, left district.

 \_\_\_ e. During the count period, note on attendance records any days school was not in session or was not a full indicating the reason

**\_\_\_\_ 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** (provided by each teacher-same as in the past-if this doesn’t match MSDS, please note this in a

 separate document to the auditor.

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

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

**\_\_\_\_ 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)

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

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

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

\_\_\_ b. Classroom Closure Policy

**\_\_\_\_ Excused Absence on Count Day Documentation** Provide to auditor for each count.

 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 documentation supporting deviation of service for hours not met during the count period.

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

\_\_\_ a. Include signed teacher logs as well as physician letter (signed by MD/DO or licensed physician’s assistant) 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 documentation supporting deviation of service for hours not met during the count period.

**\_\_\_\_ 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-section 7.

 \_\_\_ 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**

Provide the Early Childhood spreadsheet provided by the auditor for the six weeks of the count period. This should be signed and dated by the instructor and include the following information:

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

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

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

\_\_\_ d. Is student on track to meet 72 hour of service by IFSP-Indicate if FTE was claimed

\_\_\_ e. Students summer schedule if necessary to meet 72 hours by IFSP date-signed and dated by the instructor

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

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

**BEFORE SUBMITTING DOCUMENTS TO THE AUDITOR.**