

Copper Country Intermediate School District Pupil Accounting Required Documentation Checklist

Alternative Education

Please send copies of all documentation to Loret Roberts, CCISD by:
Wednesday, November 30, 2011

Pupil Membership Count Day: October 5, 2011
MSDS Submission Deadline: November 9, 2011
MSDS Certify Date: November 23, 2011

When submitting the FTE data to the CCISD: RED FLAG ISSUES.

___ COMPLETE Pop 3 lists. Please make sure to have separate lists of all of your Pop III students. Population III students consist of: Schools of Choice, Alternative Education, Reduced Schedule, Home based, Homebound-Hospitalized, Part-time, Suspended & Expelled, Virtual High School, Distance Learning, Cooperative Education, Work based. Etc. We can't stress this enough.

___ The forms that we provide have all of the necessary information that we need to conduct a desk audit. If you choose to use your own forms, please make sure all of the necessary information is added before submission.

Please use updated forms. You may use sample forms from this packet or your own forms as long as the required information is on them.

PACKET 1 Consider loss of documents submitted results in error. Error rates over 5% are high risk.

- _____ Copy of your Attendance Policy
- _____ Student Alpha List from CEPI (Must be signed by building administrator).
 - ___ All exit dates if applicable
 - ___ FTE total for each grade level.
- _____ SRSD Unaudited FTE Summary Report-DS-4061 (after certifying your data)
- _____ Schedule Days of Instruction Form
- _____ Scheduled Daily Clock Hours Forms – Partial and Full Days
- _____ Scheduled Clock Hours Professional Development
- _____ Local District Planning Form
- _____ 75% Attendance Documents
- _____ Count Day Absence List - 10/30 Rule
 - ___ Return date must be entered
 - ___ Excused / unexcused must be noted
- _____ Add & Drop Record
- _____ Birth Certificate Affidavit and/or Verification

over ►

Population III - Required paperwork if applicable. **KEEP THIS PAPERWORK ON FILE. WE WILL ASK TO SEE IT WHEN WE AUDIT.**

PACKET 2

- _____ A Master List of all Population III students.
- _____ School of Choice listing / Verification Form
- _____ Alternative Education
- _____ Cooperative Education Programs
- _____ Experiential Learning
- _____ Home-Based
- _____ Homebound & Hospitalized
- _____ Non-Public Part-Time Pupils (Homeschooled)
- _____ Part-Time Pupils
- _____ Postsecondary/Dual Enrollment
- _____ Reduced Schedule Pupils (Grades 9-12 Only)
- _____ Nonresident Pupils Worksheet/Residency – Schools of Choice
- _____ Special Education Pupil Transition Services
- _____ Split Schedule
- _____ Suspension & Expulsion Log
- _____ Virtual Instruction
- _____ Work Based
- _____ Homeless Students
- _____ Seat Time Waiver

Worksheet A & B: Special Education

PACKET 3

- _____ Teachers name, district name, code, building name
- _____ Center Program Box checked and Reimbursement Code circled
- _____ FTE in correct grade level, last age at birthday
- _____ Resident districts identified
- _____ Early Childhood Special Education Program

Authorized Representatives Signature: _____

Signee is required to have knowledge of all paperwork submitted.

Title: _____ Date: _____

Please return this form with your required paperwork. Check off items as you complete them. If an item does not pertain to your building or your building does not fit the criteria you can note N/A. Each item should contain either a “check mark” or “N/A” so that no paperwork is missed.

If all proper paperwork for your building is not submitted in accordance with State Guidelines, the file will be considered incomplete.

Loret Roberts
Pupil Accounting Auditor
Copper Country Intermediate School District

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