

## Feedback Report Requirements Reports

*To be completed by  
Oklahoma State Department of Education*

**District/School:** \_\_\_\_\_ **Date Reviewed:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_

Section	Complete	Incomplete	Comments
Contact Information	<input type="checkbox"/>	<input type="checkbox"/>	
Consultation Agreement	<input type="checkbox"/>	<input type="checkbox"/>	
Parent Notification Letter (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
School Choice Form (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
SMART Goals	<input type="checkbox"/>	<input type="checkbox"/>	
Baseline SISR (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Quarterly or Semi-annual SISR (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Turnaround Principles Implementation Report (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
SIG Intervention Model Implementation Report (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
WISE Plan	<input type="checkbox"/>	<input type="checkbox"/>	
WISE Rubric	<input type="checkbox"/>	<input type="checkbox"/>	
WISE Assurances	<input type="checkbox"/>	<input type="checkbox"/>	

***\*By clicking the submit button, the superintendent agrees to assurances.***