

# Oklahoma State Department of Education

CODE

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County

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District

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Site

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County Name

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District Name

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School Site Name

## 2015-2016 APPLICATION FOR ACCREDITATION: ELEMENTARY SCHOOL

The Accreditation Application opens for data entry on **October 1<sup>st</sup>** on Single Sign On. Submit and superintendent certify the Accreditation Application by **October 15<sup>th</sup>** on Single Sign On. When October 1<sup>st</sup> or 15<sup>th</sup> fall on a Saturday, Sunday, or holiday, the next business day will be the deadline. Complete and keep a copy of this paper application on file in the superintendent's office in the local district.

**Failure to submit and certify the Accreditation Application on time may result in a deficiency.**

### CERTIFICATE OF ACCURACY

I hereby certify that the information contained in the following report is complete and correct.

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Superintendent (Please sign here)

Street address \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (Include area code) \_\_\_\_\_

Contact Person \_\_\_\_\_

Is this school located within the city limits of the city entered above? \_\_\_\_\_ YES \_\_\_\_\_ NO

**1. SCHOOL CALENDAR**

- a. School Days Taught \_\_\_\_\_ Professional Days \_\_\_\_\_ Total Days in Session \_\_\_\_\_
- b. Our site reports by: Traditional Days Calendar (180 days)  Hours Calendar (1,080 hours)
- c. First day classes met (Month/Day/Year) \_\_\_\_\_
- d. Last day classes will meet (Month/Day/Year) \_\_\_\_\_
- e. Date first quarter ends (Month/Day/Year) \_\_\_\_\_
- f. Date spring break begins (Month/Day/Year) if applicable \_\_\_\_\_  
If not applicable, please describe \_\_\_\_\_
- g. Does your site have a four day week? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
- h. Scheduled parent/teacher conferences:  
Date: \_\_\_\_\_ Date: \_\_\_\_\_  
Time: \_\_\_\_\_ Time: \_\_\_\_\_
- i. **INTERACTIVE CALENDAR:** List all dates when classes will be dismissed for functions and holidays.
- j. **CALENDAR DESCRIPTION.** (Do not include Summer School.)  
Traditional   
Year-round (July to June)

**2. SCHOOL DAY**

- a. Length of school day in minutes (i.e.,360 do not include breakfast and or lunch period if included in the instructional day). \_\_\_\_\_
- b. Number of minutes for breakfast and or lunch \_\_\_\_\_
- c. Time first class period starts \_\_\_\_\_
- d. Time last class period of the day ends \_\_\_\_\_
- e. Number of minutes per week Physical Education is provided for Kindergarten through 5<sup>th</sup> grade: (Do not include recess) \_\_\_\_\_

**3. DAILY SCHEDULE:**

- a. Number of minutes for recess? \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ N/A \_\_\_\_\_
- b. Total number of hours in the school day (excluding breakfast and or lunch time): \_\_\_\_\_ HRS \_\_\_\_\_

**4. ATHLETICS**

- a. When are competitive athletic classes offered?  
 During the school day  
 After the school day  
 Nonapplicable
- b. List competitive athletic classes offered: (example: Football, Basketball, Track)  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. List coaches and the sports they coach at your site.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. MISCELLANEOUS**

- a. List the number of transfer students from other districts attending at this school site. \_\_\_\_\_
- b. List long-term special education substitutes at this school site.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. LIBRARY MEDIA**

- a. Is there a central library at this school site? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, where is the library located? \_\_\_\_\_
- b. Does this library serve more than one site? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list other locations. \_\_\_\_\_
- c. Name of person serving as Library Media Specialist/Librarian. \_\_\_\_\_
- d. Name of library assistant. \_\_\_\_\_
- e. Library Media Specialist/Librarian is:  
 \_\_\_\_\_ certified Library Media Specialist      \_\_\_\_\_ exempt from certification/Statutory Waiver  
 \_\_\_\_\_ not certified      \_\_\_\_\_ other \_\_\_\_\_
- f. Library is staffed in the following way: \_\_\_\_\_ one-fifth time certified librarian with a full-time library assistant  
 \_\_\_\_\_ a half-time certified librarian      \_\_\_\_\_ a half-time librarian with a full-time library assistant  
 \_\_\_\_\_ one full-time certified librarian      \_\_\_\_\_ one full-time librarian and a half-time library assistant  
 \_\_\_\_\_ two full-time certified librarians      \_\_\_\_\_ one full-time librarian and one full-time library assistant  
 \_\_\_\_\_ vacant      \_\_\_\_\_ other \_\_\_\_\_
- g. Is the library accessible to students and staffed during the entire school day? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
- h. EXCLUDING federal funds, give the amount of LOCAL FUNDS spent during the previous school year for books, software, periodicals (not hardware or supplies) at this site. \_\_\_\_\_ \$ \_\_\_\_\_
- i. Total number of students enrolled **on-site** as reported on previous Application for Accreditation (number used to calculate required library expenditures). \_\_\_\_\_

**7. ONLINE/VIRTUAL INSTRUCTION**

- a. Does this site have students enrolled in classes where the instruction is primarily delivered online or virtually? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
- b. List all online/virtual classes for this school site.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**8. CPR PROVIDER**

- What contracted organization provides CPR training? \_\_\_\_\_ American Red Cross   
 American Heart Association       Emergency Medical System       County Health Department   
 Local Fire Department       List Other provider: \_\_\_\_\_

**9. PROGRAMS OF STUDIES OFFERED**

- |                                   |                               |                                    |
|-----------------------------------|-------------------------------|------------------------------------|
| _____ a. Language Arts            | _____ b. Reading              | _____ c. Writing                   |
| _____ d. Mathematics              | _____ e. Science              | _____ f. Social Studies            |
| _____ g. Visual Arts              | _____ h. General Music        | _____ i. Native American Languages |
| _____ j. Foreign Languages        | _____ k. Health-Safety        | _____ l. Physical Education        |
| _____ m. Instructional Technology | _____ n. Informational Skills | _____ o. American Sign Language    |

If this is not applicable for this site check here.

**10. HIGH SCHOOL CREDIT FOR 7<sup>TH</sup> AND 8<sup>TH</sup> GRADE STUDENTS**

- a. Are any 7th or 8th grade students enrolled in classes for high school credit? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
(If you answered "NO" above, check "NO" to the following questions.)
- b. At which site?  
 at the Elementary \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 at the High School (or other site) \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
- c. List the high school courses in which students are enrolled for this school site.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Paraprofessional Report

Questions regarding the Paraprofessional Report should be directed to Title I at (405) 521-2846.

## Paraprofessional Definition

A paraprofessional is an individual with instructional duties. Individuals who work solely in non-instructional roles, such as food service, cafeteria or playground supervision, personal care services, and non-instructional computer assistance are not considered to be paraprofessionals for Title I programs.

1. Select the Title I information that describes your school site.

Schoolwide \_\_\_\_\_ Targeted Assistance \_\_\_\_\_ Not a Title I School \_\_\_\_\_

### Complete the rest of this form only if your school site receives Title I, Part A funds.

2. How many Title I, Part A paraprofessionals are currently employed at this school site? \_\_\_\_\_
3. How many Title I, Part A paraprofessionals are involved in instruction of students? (Note: Only paraprofessionals directly involved in student instruction must meet the Title I, Part A paraprofessional quality requirement. See definition above.) \_\_\_\_\_
4. How many of these paraprofessionals who are involved in the instruction of students meet the Title I, Part A paraprofessional quality requirement (two years of college [48 hours], Associate's Degree, passed the Oklahoma General Education Test or Para Pro Assessment available from the Educational Testing Service, or a local school district academic assessment approved by the Oklahoma State Board of Education)? \_\_\_\_\_

## Migrant Student Program

If a school site serves migrant students please report the following:

1. How many of the paraprofessionals are involved in the instruction of migrant students? \_\_\_\_\_
2. How many of these paraprofessionals involved in the instruction of migrant students have already met the "highly qualified" requirement? \_\_\_\_\_

# Counseling Services Report

Questions regarding the Counseling Services Report should be directed to Counseling at (405) 521-3549.

1. Are guidance and counseling services provided by a certified school counselor employed at this school site? Yes \_\_\_\_ No \_\_\_\_

1a. Are guidance services provided by a person specially trained in the area of guidance? ..... Yes \_\_\_\_ No \_\_\_\_

1b. If guidance services provided by another provider or facility, please specify. (List the name, address and certification of the provider):

\_\_\_\_\_

\_\_\_\_\_

2. Total number of students enrolled at this school site as of **October 1st**: .....

3a. List only the names of certified school counselors employed at this site:	3b. Teacher number:	3c. Number of clock hours per day as counselor at this site: OR Time assigned to this site: (For example: 5 hours per week)	3d. Number of students the counselor is responsible for serving at this site:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Identify the duties and responsibilities of all counselors (check all that apply):

- |                                      |                                             |
|--------------------------------------|---------------------------------------------|
| a. ____ Individual/group counseling  | f. ____ Serve on duty schedule              |
| b. ____ Academic and career guidance | g. ____ Substitute for teachers             |
| c. ____ Consult with parents/staff   | h. ____ Coordinate special education        |
| d. ____ Plan/coordinate guidance     | i. ____ Student discipline duties           |
| e. ____ Facilitate referrals         | j. ____ Work on master schedule             |
|                                      | k. ____ Coordinate/administer student tests |



# Early Childhood Report

Questions regarding the Early Childhood Report should be directed Early Childhood at (405) 521-3346.

## A. Pre-Kindergarten/Four-Year-Old Children

1. Do you provide a public school Pre-Kindergarten program for four-year-olds?  Yes  No
2. If yes, is the Pre-Kindergarten program offered through collaboration with a public or private provider? (*A Pre-Kindergarten collaboration is defined as a mutual arrangement between a public school and a private or public provider to offer the public school four-year-old program which includes the employment of a bachelor degreed, early childhood certified teacher, and the implementation of the public school curriculum as well as compliance with public school rules and regulations for four-year-olds.*)  
 Yes, we offer a Pre-Kindergarten program through a collaboration agreement only.  
 Yes, we offer both the regular public school Pre-Kindergarten program and a collaboration program.  
 No, we offer only the public school Pre-Kindergarten program.

**Questions 3 through 8 refer to collaboration programs. If your district does not have a collaboration agreement, skip to question 9.**

3. If you have a collaboration agreement with a public or private provider for the Pre-Kindergarten program, is the collaboration teacher(s) listed on your school personnel record?  Yes  No
4. If the teacher(s) is not listed on the school personnel record, is the collaboration teacher(s) paid the salary and benefits appropriate for their years of experience as identified on the current state minimum teacher salary schedule?  Yes  No
5. If the teacher(s) is not listed on the school personnel record, please list their names and certificate numbers below (attach additional sheets if needed):

Teacher Name	Certificate Number
_____	_____
_____	_____
_____	_____

6. If you have a collaboration program, are any of the four-year-olds in your collaboration out-of-district transfers?  Yes  No
7. If yes, do you have proper documentation of legal transfers for all out-of-district transfer students?  Yes  No
8. If you are collaborating with another entity to offer your Pre-Kindergarten Program, please identify with whom you are collaborating:

Childcare       Church       Head Start       Private School  
 Other (Specify) \_\_\_\_\_

9. How many of your Pre-Kindergarten students counted for state aid purposes attend class in each of these settings?

Public school facilities (includes Head Start programs located on the public school campus)  
 Head Start facilities (off public school campus only)  
 Childcare facilities  
 Church facilities  
 Private school facilities  
 Other (specify) \_\_\_\_\_

**TOTAL** number of students attending the four-year-old program\*

**\*(Please ensure the total number of students listed is equal to the total number of Pre-Kindergarten students reported on the grade grid of the Accreditation Report.)**

10. Is your school site able to serve all eligible four-year-old children who request enrollment in the program?  Yes  No
11. If you have a waiting list, how many four-year-old children are on your waiting list? \_\_\_\_\_

## B. Three-Year-Old Children

1. Does your school site provide an instructional classroom program that is available to all three-year-old children?  Yes  No
2. What is your total enrollment of three-year-old children? 1/2 Day \_\_\_\_\_ Full Day \_\_\_\_\_
3. How many of these children are on an Individual Education Program (IEP)? 1/2 Day \_\_\_\_\_ Full Day \_\_\_\_\_
4. How many are not on an Individual Education Program (IEP)? 1/2 Day \_\_\_\_\_ Full Day \_\_\_\_\_
5. If your school site provides a classroom program for all three-year-old children, how is it funded?  
 Title I funds       District funds       Tuition charged to parents  
 Special Education (619 funds)       Head Start Collaboration  
 Other (specify) \_\_\_\_\_