Oklahoma State Department of Education

2015-2016 APPLICATION FOR ACCREDITATION: CHARTER SCHOOL

The Accreditation Application opens for data entry on **October 1st** on Single Sign On. Submit and superintendent certify the Accreditation Application by **October 15th** on Single Sign On. When October 1st or 15th 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.

____________________________________________________
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. Are all students in Grades 9 through 12 enrolled in a minimum of six periods, or the equivalent in block scheduling, of rigorous academic and/or rigorous vocational courses each day, which may include arts, vocal and instrumental music, speech classes, and physical education classes. (Do not include alternative education students.) __________ Yes ______ No ______
   f. Number of minutes per week Physical Education is provided for Kindergarten through 5th 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 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 ______
   half-time certified librarian with a full-time library assistant ______
   one full-time certified librarian and a half-time library assistant ______
   two full-time certified librarians 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. CHILDCARE
a. Is childcare provided at this school site for children of your enrolled students? ______ Yes _____ No _____

10. 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. ______

11. COLLEGE PREPARATORY/CORE CURRICULUM.
   a. Number of the current year 9th grade students enrolled in the college preparatory/work ready curriculum. ______
   b. Number of the current year 9th grade students enrolled in the core curriculum ______
      a + b = total number of 9th graders enrolled for this school year ______
      (This number should equal the number of 9th graders on the grade grid.)

12. HIGH SCHOOL UNITS OF CREDIT (if applicable)
   a. Number of carryover units offered on alternate year basis (if needed for 38 unit requirement) ______ (Limited to 4 units)
   b. How many Advanced Placement courses are being offered? __________________________
   c. How many Advanced Placement courses are being taught? __________________________
   d. How many students are concurrently enrolled during the first semester? __________________________
13. GRADUATION REQUIREMENTS
Enter the number of high school units or competencies required by your district for graduation:
(Units and Competencies are equal in the law.)

a. English/Language Arts
b. Mathematics
c. Social Studies
d. Science
e. Foreign Language
f. The Arts
g. Number of electives
h. Total units required by your site for graduation (a through g = h)

14. HIGH SCHOOL CREDIT FOR 7TH AND 8TH 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:

15. TECHNOLOGY CENTERS

Please provide the name and appropriate county-district site code for your participating technology center:

a. Name: __________________________________________________________________________
   County-District-Site Code: __________________________________________________________________________

b. If your students attend a Career Technology Center that IS NOT IN Oklahoma, enter the name here: __________________________________________________________________________

c. List the Career Tech 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) __________________________________________