Oklahoma State Department of Education

2015-2016 APPLICATION FOR ACCREDITATION: ELEMENTARY 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. 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): ___________________

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)

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

5. MISCELLANEOUS

a. List the number of transfer students from other districts attending at this school site.

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__________________________________________________________

b. List long-term special education substitutes at this school site.

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__________________________________________________________

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__________________________________________________________
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 with a full-time library assistant ______
      one full-time certified librarian ______ a half-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. 
      __________________________________________________________
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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 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. 
      __________________________________________________________
      __________________________________________________________
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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        b. _____ Academic and career guidance
   c. _____ Consult with parents/staff          d. _____ Plan/coordinate guidance
   e. _____ Facilitate referrals               f. _____ Serve on duty schedule
   g. _____ Substitute for teachers            h. _____ Coordinate special education
   i. _____ Student discipline duties          j. _____ Work on master schedule
   k. _____ Coordinate/administer student tests


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 degree, 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) __________________________________________