

Spring 2009 CASBO October Count

- General Information
- Documentation Requirements
- Common Audit Exceptions
- FAQ

John Smith	123456		
Legal Name of Child/Student	Child/Student ID	DOB	Date of Meeting

Early Childhood Special Education and Related Services

Service Delivery:

Statement of specific services to be provided:

Special Education Services:

	Service Coordinator #1	Other Service Providers			
	#2	#3	#4	#5	
Type of Service Provider (assignment)					
Projected Beginning Date of Service	10/15/06	a n d /	o r	a n d /	o r
Projected Ending Date of Service	10/15/07	a n d /	o r	a n d /	o r

- Indirect (consultation)
- Direct in General Classroom
- Direct Outside General Classroom
- Total Hours by Provider

Hours of Special Education Services per Week by Service Provider				
	1.00			

Other IEP Services

- Integrated Education Program
- Parent Follow-up Activities

Description	Hours Per Week
Integrated Education Program	6
Parent Follow-up Activities	

Describe how parent(s) will be informed of the child's progress toward annual goals. How often will this occur?

Is the child eligible for services beyond the regular school year? Yes No To be determined by Date: _____
Documentation:

Does the child/student require:

- Special Transportation? Yes No
- A Communication plan? (Required for a child/student with hearing disabilities) Yes No
- A Literacy Modality plan? (Required for a child/student with vision disabilities) Yes No
- A Behavior Support plan? (May be reviewed and modified throughout duration of the IEP) Yes No
- Assistive Technology services and/or devices? If yes, describe: Yes No

Accommodation/Modifications:

Describe the curricular and instructional accommodations/modifications necessary for the child/student to participate in all activities related to the general education curriculum, considering the identified needs of the child/student. (consider language needs of the child/student and grade level content standards.)

Scarlett O'Hara	654321		
Legal Name of Child/Student	Child/Student ID	DOB	Date of Meeting

Early Childhood Special Education and Related Services

Service Delivery:

Statement of specific services to be provided:

Special Education Services:

	Service Coordinator #1	Other Service Providers			
	#1	#2	#3	#4	#5
Type of Service Provider (assignment)		OT	Speech		
Projected Beginning Date of Service	09/30/06	09/30/06	09/30/06		
Projected Ending Date of Service	09/30/07	09/30/07	09/30/07		

Indirect (consultation)

Direct in General Classroom

Direct Outside General Classroom

Total Hours by Provider

Hours of Special Education Services per Week by Service Provider				
1.00	.5	.5		

Other IEP Services

Integrated Education Program

Parent Follow-up Activities

Description	Hours Per Week
Integrated Education Program	0
Parent Follow-up Activities	5

Describe how parent(s) will be informed of the child's progress toward annual goals. How often will this occur?

Is the child eligible for services beyond the regular school year? Yes No To be determined by Date: _____
Documentation:

Does the child/student require:

Special Transportation?

Yes No

A Communication plan? (Required for a child/student with hearing disabilities)

Yes No

A Literacy Modality plan? (Required for a child/student with vision disabilities)

Yes No

A Behavior Support plan? (May be reviewed and modified throughout duration of the IEP)

Yes No

Assistive Technology services and/or devices? If yes, describe:

Yes No

Accommodation/Modifications:

Describe the curricular and instructional accommodations/ modifications necessary for the child/student to participate in all activities related to the general education curriculum, considering the identified needs of the child/student. (consider language needs of the child/student and grade level content standards.)

first day of school

2008-2009 School Year Calendar

JULY 2008 S M T W T F S 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 10	AUGUST 2008 S M T W T F S 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 10	SEPTEMBER 2008 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 20	OCTOBER 2008 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 20	NOVEMBER 2008 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 16	DECEMBER 2008 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 14
JANUARY 2009 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 18	FEBRUARY 2009 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 18	MARCH 2009 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 17	APRIL 2009 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 21	MAY 2009 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 17.5	JUNE 2009 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 14

- No Classes for Students
- Professional Days
 - August 13
 - September 19, December 19 (Grading of benchmark Assessments)
 - Learning Days
 - August 14, 15, January 5, February 17
 - 1/2 Planning and 1/2 Focus on Student Achievement Day
 - April 17 (1/2 day District directed)
 - Parent/Teacher Conference Day - Week of October 27 is parent/teacher conference week
 - October 29 (Schools may modify the daily schedule for parent/teacher conference to meet the needs of the school community. Schools will also determine date and time for parent/teacher conference during 2nd semester.)
- Early Release Day
 - 1/2 Planning Day
 - May 28
- Vacation/No Classes
- MS/HS Walk-in Registration
 - August 11, 12
- Holidays
 - Independence Day - July 4
 - Labor Day - September 1
 - Veterans' Day - November 11 (Observed November 10)
 - Thanksgiving Day - November 27
 - Christmas Day - December 25
 - New Year's Day - January 1
 - Martin Luther King - January 19
 - Presidents' Day - February 16
 - Cesar Chavez Day - March 31 (Observed March 23)
 - Memorial Day - May 25

43,200 / 174.5 = 247.56
 19,800 / 174.5 = 61.89

Semester Dates	Student Report Days	Teacher Report Days	End of Term-To be followed by Report Cards
First Semester Begins 8/18, Ends 12/19	80 Days	86 Days	ES, ECE-8 and MS -- Trimester: November 7, February 20, May 28
Second Semester Begins 1/5, Ends 5/28	91.5 Days	96 Days	6-12, and HS -- 6 Weeks: Sept. 26; Nov. 7; Dec. 19; February 13; April 3, May 28
Mid-term and End of Course Assessment December 8-18, May 11-26	171.5 Total Days	182 Total Days	6-12, and HS -- 9 Weeks: October 17; December 19, March 6, May 28
		Benchmark Assessments	
		September 8-18; December 1-11; April 20-30	

171.5

January 13 is midpoint

The calendar for the 2008-2009 school year is adopted by the Board of Education subject to the provision that if for any reason the School District must close schools for more than the time provided by the statutes, the adopted 2008-2009 calendar may be amended by the Board of Education to provide enough additional school days on Saturdays during vacation or at the end of the present calendar to meet legal requirements as required by the statutes.

Secondary Bell Schedule

Class 1	7:45 - 8:45	60 minutes
Class 2	9:00 - 10:00	60 minutes
Class 3	10:15 - 11:15	60 minutes
Class 4	11:30 - 12:30	60 minutes
Lunch	12:45 - 1:15	
Class 5	1:30 - 2:30	60 minutes
Class 6	2:45 - 3:30	45 minutes

Rotating Block Schedule

Red Day

Block 1
7:50 - 9:25
95 minutes

Block 2
9:35 - 11:15
100 Minutes

Block 3
11:25 - 1:00
95 minutes

Lunch
1:00 - 1:40

Block 4
1:40-3:10
90 minutes

Black Day

Block 5
7:50 - 9:25
95 minutes

Block 6
9:35 - 11:15
100 Minutes

Block 7
11:25 - 1:00
95 minutes

Lunch
1:00 - 1:40

Block 8
1:40-3:10
90 minutes

Attendance and Participation:

8.0 Standardized Process for Documenting Students Enrolled in an Online Program

8.01 Pursuant to § 22-30.7-105(2)(a) C.R.S., an Online Program must be able to document active participation in an online sequential educational program and individual student attendance in the Online Program during the official count window. Documentation of active participation must include system logins that make evident each student taking part in course content in the online educational program via the internet. Logins must show that the student was online on the official count date (October 1) or if the student is absent on the official count date, there must be a login prior to the official count date and within thirty days following.

8.01.1 Examples of valid documentation include (but are not limited to):

8.01.1.1 Student management system login including student name, date, time, and documentation that specifically addresses course content and student work;

8.01.1.2 Student management system login including student name, date, time, with a corresponding email documenting specific course content and student work; and

8.01.1.3 Student management system login including student name, date, time, with corresponding documentation of instant messaging, or web conferencing with specific course content and student work.

8.01.1 Examples of invalid documentation include (but are not limited to):

8.01.1.1 Any student system login not including student name, date, time, or documentation that does not specifically address course content and student work;

8.01.1.2 An email that does not have documented corresponding system login information or does not include specific course content and student work;

8.01.1.3 Any documentation that can not specifically verify individual student login, date, time, or course content and student work;

8.02 Thereafter, the determination of full-time or part-time status is based upon the minimum number of hours provided for a student to receive instruction. Minimum hours can be based on the number of hours per day (or week) required to earn an equivalent number of credits in a traditional classroom setting.

8.03 The Online Program must have a calendar that reasonably aligns with the beginning date of the school year of the Authorizer that operates it or has been approved for an alternative calendar by the Authorizer and the Department.

8.04 A full time student must have a schedule that provides for a minimum of three hundred and sixty (360) hours of instruction per semester to receive full-time funding pursuant to 2254-R-5.06(3).

8.05 A part time student must have a schedule that provides for a minimum of ninety (90) hours of instruction per semester to receive part-time funding pursuant to 2254-R-5.06(3).

8.06 An Online Program must verify and document student residency in the State of Colorado upon enrollment and annually thereafter and retain a copy of the document or written statement offered as verification in the student's mandatory permanent record. Colorado residency is determined by the student and Parent or legal guardian currently residing within the State of Colorado boundaries, except for students of military families pursuant to § 8.06 5 of these

H-6.1

rules. Reasonable evidence of residency may be established by documentation including, but not limited to, any of the following:

8.06.1 Property tax payment receipts;

8.06.2 Rent payment receipts;

8.06.3 Utility service payment receipts; or

8.06.4 Written Statement of Residency executed by the student's parent/guardian. The written statement of residency should follow § 1-2-102(a) and (b) C.R.S. and may be satisfied by a statement such as: "I, _____, swear and affirm under penalty of perjury that I am a resident of the State of Colorado."

8.06.5 A member or dependent of a member of the United States Armed Services shall be eligible to participate in an Online Program, notwithstanding the length of his or her residency, upon moving to Colorado on a change of station basis.

8.06.6 A member or dependent of a member of the United States Armed Services shall be eligible to participate in an Online Program, upon moving out of Colorado on a change of station basis as long as the member of the United States Armed Services qualifies for Colorado residency.

8.06.7 In order to meet residency requirements, a member or dependent of a member of the United States Armed Services must maintain Colorado as their state of legal residence for tax purposes, and voters must maintain Colorado voter registration.

8.07 The Online Program must comply with all of the state financial and budget rules, regulations, and financial reporting requirements with which the Authorizer is required to comply, including but not limited to annual completion of a governmental audit that complies with the requirements of the Department.

District or Program Letterhead

AFFIDAVIT OF STATE OF COLORADO RESIDENCY

Pursuant to 1CCR301-71, Rules for the Administration, Certification and Oversight of Colorado Online Programs, the Colorado State Board of Education must ensure that student residency is documented and verified, both upon initial enrollment and annually thereafter. Reasonable evidence of residency within the State of Colorado boundaries can be established by a written statement of residency from the student's parent/guardian pursuant to Section 8.06.4:

Please complete the below affidavit and submit documentation to XXXXXXXXX evidencing your residency for the Colorado State Board of Education.

Affidavit by Parent or Legal Guardian:

I, _____, do hereby swear and affirm, under penalty of perjury, that I and my children are and continue to be residents of the State of Colorado as of July 1st, 2009.

{Signature}

Date: _____

Name: _____

Address: _____

{Note: Address can not be post office box or general delivery at a post office and must match the home address that XXXXXXXX has on file for this affidavit to be valid.}

Children Enrolled at XXXXXXXX:

.....
.....
.....

At Risk Example 1

ATTACHMENT B 2007-2008 APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS
 (This form may only be used if participating in the federal Child Nutrition Programs)

Smith

Last Name(s) of Family

Mailing Address, City, Zip Code

Telephone Number

INSTRUCTIONS: Complete the application, sign your name, and return application to school.

1. STUDENT INFORMATION: PRINT each child's name, school and grade.
 (Use a separate application for each foster child)

LAST NAME OF STUDENT	FIRST NAME OF STUDENT	SCHOOL	GRADE
SMITH	Kari		
Smith	Kathy		

2. Food Stamp Case Number _____ (Do not list the 16-digit Quest number)
 (If you listed a Food Stamp case number, Skip to Part 5)

3. Foster Child, check here:
 If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ _____ (Write "0" if the child has no personal use income); Skip to Part 5.

4. Total Household Gross Income from Last Month

NAME (List everyone in household not listed in Part 1)	List last month's gross monthly income				Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
Jim	\$ 1100 every 2 weeks		\$	\$	<input type="checkbox"/>
Jamie	\$ 0	\$	\$	\$	<input checked="" type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>

5. Signature and Social Security Number: (Adult MUST sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Social Security Number: _____ Check if you do not have a Social Security Number

Sign here: X Jamie Smith

Date _____

Do not fill out this part. This is for school use only

Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2
 Total Monthly Income: _____ Household size: _____ FS: _____ Date Withdrawn: _____

Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (express after _____ days)

Determining Official's Signature _____

Date _____

Note: Form is completed to show items Public Finance auditors would review. This example is not intended to show all items required by Nutrition Unit.

2007-2008 FAMILY ECONOMIC DATA SURVEY FOR ALTERNATE PROGRAM FUNDING/ELIGIBILITY

School _____

Smith
Last name(s) of family

Mailing Address, City, Zip Code _____ Telephone Number _____

INSTRUCTIONS:

Please complete a separate survey for each of your children attending this school. Complete the information, sign your name, and return the survey to the school. Completion of this survey is voluntary, but may assist the school in receiving additional State/Federal funding, or other benefits for your child.

1. STUDENT INFORMATION: PRINT the child's name, school and grade.
(Use a separate survey for each child)

LAST NAME OF STUDENT	FIRST NAME OF STUDENT	SCHOOL	GRADE
Smith	Kari		

2. Food Stamp Case Number _____

(Do not list the 16-digit Quest number)
(If you listed a Food Stamp case number, Skip to Part 5)

3. Foster Child, check here:
 If this is a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ _____ (Write "0" if the child has no personal use income). Skip to Part 5

4. Total Household Income from Last Month - List last month's gross monthly income

NAME (List everyone in household not listed in Part 1)	Earnings from work before deductions	Other
Jamie	\$ 1350 per month	
Kari	\$ 1325 per month	
Kathy	\$	\$

5. Signature (Adult MUST sign) - An adult household member must sign the survey.
Sign here: Jamie Smith Date Oct 1, 2007

(Verify (promise) that all information on this application is true and that all income is reported. I understand that the school may get State or Federal funds based on the information I give. I understand that school officials may verify (check) the information.)

Do not fill out this part. This is for school use only:

Monthly Income _____
Eligibility Yes _____
Determining Official's Signature _____
Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2
Household size _____ FS _____ Date Withdrawn: _____
(Type _____) No _____ Declined survey _____
Date: _____

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Note: Form completed to show items Public Finance auditors would require. This example is not intended to show all items required by institution (omit)

HOUSEHOLD SIZE		INCOME ELIGIBILITY GUIDELINES																	
		Effective from July 1, 2007 to June 30, 2008				REDUCED PRICE MEALS - 185 %				FREE MEALS - 130 %									
		FEDERAL POVERTY GUIDELINES ANNUAL		MONTHLY		TWICE PER MONTH		EVERY TWO WEEKS		WEEKLY		MONTHLY		TWICE PER MONTH		EVERY TWO WEEKS		WEEKLY	
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES																			
1		18,889	1,575	788	727	364	13,273	1,107	554	511	256								
2		26,327	2,111	1,056	975	488	17,797	1,484	742	685	343								
3		31,765	2,648	1,324	1,222	611	22,321	1,861	931	859	430								
4		38,203	3,184	1,582	1,470	735	28,845	2,238	1,119	1,033	517								
5		44,641	3,721	1,861	1,717	859	31,369	2,615	1,308	1,207	604								
6		51,079	4,257	2,129	1,965	983	35,883	2,992	1,496	1,381	691								
7		57,517	4,794	2,397	2,213	1,107	40,417	3,369	1,685	1,555	778								
8		63,955	5,330	2,665	2,460	1,230	44,941	3,746	1,873	1,720	865								
For each add'l family member, add		6,438	537	266	246	124	4,524	377	189	174	87								
ALASKA																			
1		23,825	1,989	985	909	455	16,601	1,384	692	639	320								
2		31,872	2,640	1,320	1,219	610	22,256	1,855	928	856	428								
3		39,720	3,310	1,655	1,528	764	27,911	2,326	1,183	1,074	537								
4		47,767	3,981	1,991	1,838	919	33,566	2,798	1,399	1,281	646								
5		55,815	4,652	2,326	2,147	1,074	38,221	3,269	1,635	1,509	755								
6		63,862	5,322	2,661	2,457	1,229	44,876	3,740	1,870	1,726	863								
7		71,910	5,993	2,987	2,768	1,383	50,531	4,211	2,106	1,944	972								
8		79,957	6,664	3,332	3,078	1,538	56,186	4,683	2,342	2,161	1,081								
For each add'l family member, add		8,048	671	336	310	155	5,655	472	236	218	109								
HAWAII																			
1		21,738	1,812	906	837	419	15,275	1,273	637	588	294								
2		29,138	2,429	1,215	1,121	561	20,475	1,707	854	788	394								
3		36,538	3,045	1,523	1,406	703	25,875	2,140	1,070	988	494								
4		43,938	3,662	1,831	1,690	845	30,875	2,573	1,287	1,188	594								
5		51,338	4,278	2,140	1,975	988	36,075	3,007	1,504	1,368	694								
6		58,738	4,895	2,448	2,260	1,130	41,275	3,440	1,720	1,568	794								
7		66,138	5,512	2,756	2,544	1,272	46,475	3,873	1,937	1,788	894								
8		73,538	6,129	3,065	2,829	1,415	51,675	4,307	2,154	1,988	994								
For each add'l family member, add		7,400	617	309	285	143	5,200	434	217	200	100								

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