# Information

Beginning with the 2024-2025 school year, and as part of the Annual Audit Review, all Colorado public school districts, the Charter School Institute (CSI), and BOCES (that have their own school or programs) must complete this questionnaire. This questionnaire, along with the documentation listed on the last page, must be submitted to the School Auditing Office via Syncplicity no later than **December 11, 2024**.

When responding to questions contained within this Questionnaire, refer to the following resources:

* [Pupil Count](https://www.cde.state.co.us/cdefinance/auditunit_pupilcount) Webpage
	+ https://www.cde.state.co.us/cdefinance/auditunit\_pupilcount
* [2024 Student October Count Audit Resource Guide](https://www.cde.state.co.us/node/72736)
	+ https://www.cde.state.co.us/cdefinance/2024\_student\_october\_pupil\_count\_audit\_resource\_guide

Please provide as much narrative information as is necessary in the Question sections below; **if more space is needed, you may attach additional pages as part of your submission**. In the questions below, “organization” refers to the school district/CSI/BOCES completing this questionnaire.

# Contact Information

## Organization Information

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| --- | --- |
| Code |  |
| Name |  |

## Questionnaire Completer Information

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Email address |  |
| Phone Number |  |

## Primary Pupil Count Audit Contact Information

Provide the following information if the primary pupil count audit contact for your organization is not the same as the individual who completed this questionnaire:

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Email address |  |
| Phone Number |  |
| Did this individual review the 2024 Student October Count Audit Resource Guide? |  |

## Primary Contractual Education Contact Information

Provide the following information for the individual or department at your organization who is responsible for collecting all contracts, MOUs, cooperative agreements, and Annual Assurances of Statutory Compliance:

|  |  |
| --- | --- |
| Name  |  |
| Position or Department |  |
| Email address |  |
| Phone Number |  |
| Is this individual/department responsible for collecting all required student-level audit documentation for students receiving contractual education services? |  |

## Contractual Education Providers

List all entities with which your organization is contracting for educational services for the 2024/2025 school year:

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| --- | --- | --- | --- | --- |
| Contract Entity/Vendor | Type of Educational Services being Provided | Grade Levels of Students Receiving Services | Provide primarily full or part day services? | New vendor starting in 2024/2025? |
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## Trainings

Did your organization have staff members who attended or reviewed the following trainings hosted by the School Auditing Office in preparation for the 2024 Student October Count data collection?

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| --- | --- |
| Training Session | Attended/Reviewed (Yes/No) |
| Informational Session Regarding Changes to the Public School Act (training session date: 3/21) |  |
| Student October: What’s New for Online School and Programs? (training session date: 5/20) |  |
| Student October: What’s New for AECs? (training session date: 5/22) |  |
| Student October: What’s New for Program and Curriculum Leaders? (training session date: 6/6) |  |
| Student October: Introduction to the Audit Resource Guide (training session date: 8/1) |  |
| Student October: Calendar and Bell Schedule Calculations (training session date: 7/25) |  |
| Preparing for the New Annual Audit Review (training session date: 7/23) |  |
| Student October: What’s New for (Pupil Count) Audit Contacts? (training session date: 7/30) |  |
| Data Pipeline: Duplicate Process and Submission Training (training session date: 10/28) |  |
| Duplicate Count Office Hours (training session date: 11/5) |  |

## Questions: Reporting/Compliance

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| **Question 1:** Does your organization **conduct internal training sessions** for staff members in preparation for Student October? If so, provide a brief overview/description of these trainings and who is required to attend. |
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| **Question 2:** If your organization has **charter schools**, describe how your organization partners with them to ensure they are compliant with the funding and audit documentation requirements as outlined in the Student October Count Audit Resource Guide. |
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| **Question 3:** If your organization has a **Colorado public online school or program**, describe how your organization ensures they are compliant with the funding and audit documentation requirements as outlined in the Student October Count Audit Resource Guide. |
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| **Question 4:** Describe the process your organization has for conducting and validating **calendar and bell schedule calculations** for all programs and secondary schools.  |
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| **Question 5:** Describe the processes (if any) your organization has in place for validating the public school finance funding status codes (i.e. **funding code**) for each individual student submitted in Student October prior to finalizing its data. |
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**Question 6:** What is the process your organization uses to determine which students are reported as each of the following:

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| --- | --- | --- | --- |
| **Student Type** | **Student Interchange File** | **Field/Value** | **Process for identifying and reporting this value for students included in the corresponding Student Interchange Files** |
| ASCENT | Student Demographic | Postsecondary Program; value 01 |       |
| Concurrent Enrollment | Student Demographic | Postsecondary Program; value 02 |       |
| Dropout Recovery | Student Demographic | Postsecondary Program; value 08 |       |
| Expelled | Student School Association | Expelled Education; value 1 |       |
| Foreign Exchange | Student School Association | Country of Parent’s Residence for Non-Residence Students; value other than “000” |       |
| ILOP | Student School Association | Innovative Learning Opportunities Pilot; values 1 or 2 |       |
| TREP | Student Demographic | Postsecondary Program; values 17, 18, 19 or 20 |       |
| Transition Students | Student Demographic | Special Education Transition; values 1, 2, 3, or 4 |       |

## Non-School Programs

**Question 7:** List all “non-school’ programs run by your organization, the primary student population they serve, and indicate if they are new starting in 2024/2025 school year.

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| **Program Name** | **Student Population Being Served** | **New starting in 2024/2025?** |
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## Home-School Students

**Question 8:** What type of programming (if any) does your organization provide to part-time home-school students?

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| **Programming Option** | **Response** |
| Educational services offered in the same learning environment as full-time public school students (Example: part-time home-school student is taking 2 courses at their local boundary high school) |  |
| Home-school enrichment program run by your organization |  |
| Home-school enrichment program run by a third party contracted by your organization |  |
| Concurrent enrollment courses at/through a college or institution of higher education (IHE) |  |
| Other: (describe) |  |

## Courses using Alternative Instruction

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| **Question 9:** Provide a direct web link to the organization’s posted ‘Catalog of Courses Using Alternative Instruction’ pursuant to 1 CCR 301-39, rule 2.05(1)(a)(I), if applicable. If there is more than one (i.e., individual schools have their own catalog), provide links to all. |
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| **Question 10:** For brick-and-mortar students enrolled in work-based learning courses using alternative instruction during the 2024/2025 school year, briefly describe how your organization documented that the student ‘reflected on the connection between their work-based learning course and their post-secondary workforce or education goals’.   |
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# Initial Documentation Upload

**In addition to this completed Pupil Count Questionnaire, the following additional audit documents must also be provided to the School Auditing Office via Syncplicity no later than December 11, 2024.**

Organization-Level (district/CSI/BOCES) and School-Level (if applicable) documents:

* District/BOCES Calendar
* Secondary High Schools and Programs
	+ Handbooks (if available),
	+ Calendars and Bell Schedules (with accompanying **calculations, preferably in Excel format**)
* District-Run Programs
	+ Handbooks (if available)
	+ Calendars and Bell Schedules (with accompanying **calculations, preferably in Excel format**)
* Home School Enrichment Programs
	+ Handbooks (if available)
	+ Calendars and Bell Schedules (and accompanying **calculations, preferrable in Excel format**)
* District Implementation Plan for Individual Career and Academic Plan (ICAP)
	+ *A plan developed and maintained by a local school district that ensures every student and his/her parents or legal guardians have access to and assistance with the development of an ICAP, which has a* ***scope and sequence*** *that includes: district and school objectives, intentional district and school responsibilities, grade level appropriate timelines and key dates.*

Student-Level documentation:

* “Confirmation of Part-Time Funding Eligibility” form(s) (if applicable)

# Disclaimer

During the Annual Audit Review, the School Auditing Office will review and evaluate the completed questionnaire, the initial documentation upload, and the student-level data submitted by each district, CSI and BOCES during the 2024 Student October Count data collection. No later than April 1, 2025, the School Auditing Office will contact all districts, CSI and BOCES with a list of additional required audit documentation (organizational, school, program, and/or student-level) -- as described in the Audit Resource Guide-- that must be uploaded within 30 calendar days following receipt of the request as part of an expanded (i.e., “Focused” or “Comprehensive”) audit.

# Attestation

**I certify, to the best of my knowledge and belief, that the information provided in this questionnaire and in all required documentation is true and correct.**

|  |  |
| --- | --- |
| Completer Signature |  |
| Date |  |