

ESCAPE: Eliminating Student Cost for Advanced Placement Exams

Checklist for IB Coordinators and Eligibility Assurance Form

This page and IB Student Data Collection forms are due **April 30, 2012.**

Eligibility

Low-income student means a student who qualifies for payments as demonstrated in meeting the criteria set by one of the following entities: free and reduced lunch program or chapter 1 of subpart 2 of part A of title IV of the Higher Education Act of 1965 (Medicaid).

Checklist for IB Coordinators:

When ensuring eligibility of students for the exam fee program complete the following steps, sign and return the checklist and data collection sheet. Do not send verification of student eligibility to CDE. Retain verification in the IB Coordinator's school files through 2015.

- A method for identifying low-income IB exam students was implemented. If disclosure information was needed from parents for free and reduced lunch data, one or more of the forms provided in Part Three of the ESCAPE packet for release of information was used: Form #1) A Parent/Guardian Information Release to the district, Form #2) an Alternative Program Eligibility Application provided by the parents, or Form #3) Disclosure Agreement - the district's choice to use a provision of limited disclosure of the Children's Free and Reduce Price.
- IB students and parents were provided information about the International Baccalaureate Test Fee Program. Form #1 or #2 was provided to collect evidence for 1) parental release of information, or 2) eligibility criteria if the family is not already participating in the free and reduced lunch program and wish to access the test fee waiver. Students must be eligible, not necessarily participating in the Free and Reduced Lunch Program.
- Eligibility documents will be retained in the IB high school files through 2015.
- Completed: the Data forms for federal reporting: 1) *IB Invoice for Test Fee Reimbursement Request*, and 2) the *Test and IB Student Information and Course and IB Student Information* data sheets
- Fax (303) 866- 6767 or US Mail **this page along with the Invoice for Test Fee Reimbursement and the Test and Course IB data collection forms by: April 30, 2012** to Gifted Education Unit, Colorado Department of Education, 1560 Broadway Avenue, Suite 1175 Denver, Colorado 80202.

IB Coordinator

Name: _____ Date: _____

High School: _____ District: _____

Phone Number: _____ E-Mail: _____

**International Baccalaureate Program
Invoice for Test Fee Reimbursement Request**

Total Amount Requested:

To be Completed by CDE:
**Total Amount Approved by APIP
Grant Manager:

Date: _____

Initial: _____

Reimbursement Payable to: _____

IB School's District: _____

IB School Name: _____

IB Contact Person's Name: _____ Email: _____

Street Address _____

City _____ State _____ Zip _____

Itemize the Request for Reimbursement in the following chart: *Prices are subject to change. Check CDE Gifted Ed. website for most current form.*

Name of exams taken by low-income students	Number of exams taken by low-income students	Multiply # of exams by \$100	Total Cost for IB exams	Total Cost for registration fees at \$145 per testing session	Total Estimated Cost of 2012 Exam & Fees for Low-income Students
		X \$100		Testing session registration fees are based upon an estimate of two exams per session. Report the actual registration fees below as per your records:	Add the cost of IB exams and the cost of registration fees to estimate the total amount of grant funds requested.
		X \$100			
		X \$100			
		X \$100			
		X \$100			
		X \$100			
		X \$100			
		X \$100			
TOTAL AMOUNT OF REIMBURSEMENT REQUEST			\$ _____ +	\$ _____ =	\$ _____

** Due to limited grant funds, the reimbursement amount is determined after all participating IB Programs submit reimbursement requests. Full reimbursement is not guaranteed. **RETURN by April 30, 2012 to: CDE: AP/IB Test Fee Program Fax (303) 866-6767 or U.S. Mail: Gifted Education Unit, Colorado Department of Education, 1560 Broadway, Suite 1175 Denver, Co 80202.**

Test and IB Student Information for Reimbursement

School's Name: _____ Coordinator's Name/e-mail _____

For each IB Test given in spring 2012, please complete student data information.

Names of IB Tests Administered in Spring 2012	Total Number of students taking the test	Gender of total students taking test	Ethnicity of total students taking test	Number of low income students taking test	Gender of low income students taking test	Ethnicity of low income students taking test
		___F ___M	___AfAm ___As ___H/Lat ___Amln/AINat ___NatH/PaclS ___W		___F ___M	___AfAm ___As ___H/Lat ___Amln/AINat ___NatH/PaclS ___W
		___F ___M	___AfAm ___As ___H/Lat ___Amln/AINat ___NatH/PaclS ___W		___F ___M	___AfAm ___As ___H/Lat ___Amln/AINat ___NatH/PaclS ___W
		___F ___M	___AfAm ___As ___H/Lat ___Amln/AINat ___NatH/PaclS ___W		___F ___M	___AfAm ___As ___H/Lat ___Amln/AINat ___NatH/PaclS ___W
		___F ___M	___AfAm ___As ___H/Lat ___Amln/AINat ___NatH/PaclS ___W		___F ___M	___AfAm ___As ___H/Lat ___Amln/AINat ___NatH/PaclS ___W
		___F ___M	___AfAm ___As ___H/Lat ___Amln/AINat ___NatH/PaclS ___W		___F ___M	___AfAm ___As ___H/Lat ___Amln/AINat ___NatH/PaclS ___W

Use as many copies of this form as needed to report on STUDENT DATA FOR EACH IB 2012 TEST.

DUE: April 30, 2012

International Baccalaureate Test Fee Program

Course and IB Student Information for Federal Report

School's Name _____ Coordinator's Name/e-mail _____

For each IB course offered in your IB Program, please complete student data information.

Name of IB Course Offered in 2011-2012 (11th and 12th grade courses)	Total number of students in course	Gender of total students in course	Ethnicity of total students in the course	Number of <i>low income</i> students in course	Gender of <i>low income</i> students in course	Ethnicity of <i>low income</i> students in course
		___F ___M	___AfAm ___As ___H/Lat ___AmIn/AINat ___NatH/Pacls ___W		___F ___M	___AfAm ___As ___H/Lat ___AmIn/AINat ___NatH/Pacls ___W
		___F ___M	___AfAm ___As ___H/Lat ___AmIn/AINat ___NatH/Pacls ___W		___F ___M	___AfAm ___As ___H/Lat ___AmIn/AINat ___NatH/Pacls ___W
		___F ___M	___AfAm ___As ___H/Lat ___AmIn/AINat ___NatH/Pacls ___W		___F ___M	___AfAm ___As ___H/Lat ___AmIn/AINat ___NatH/Pacls ___W
		___F ___M	___AfAm ___As ___H/Lat ___AmIn/AINat ___NatH/Pacls ___W		___F ___M	___AfAm ___As ___H/Lat ___AmIn/AINat ___NatH/Pacls ___W
		___F ___M	___AfAm ___As ___H/Lat ___AmIn/AINat ___NatH/Pacls ___W		___F ___M	___AfAm ___As ___H/Lat ___AmIn/AINat ___NatH/Pacls ___W

Use as many copies of this page three form as needed to report on STUDENT DATA FOR EACH IB COURSE OFFERED IN 2011-2012