

Mississippi Department of Education

Office of Special Education

2020-2021

Extended School Year

Application

Fillable Forms

Revised 3/2021

**TABLE OF CONTENTS**

|  |  |
| --- | --- |
|  **Required Forms**………………………………………..…………………………….. | 3 |
|  Form A: Cover Page…………………………………………………...…….………. | 4 |
|  Form B: Cover Page Amendment (if applicable)………………..……..…………….  | 5 |
|  Form C: Nonparticipation Assurance Form (if applicable)……………..…................ | 6 |
|  Form D: Projected Budget Summary……………………………………………….... | 7 |
|  Forms E-1 through E5: Projected Budget Narrative………………………................. | 8 |
|  Form F: ESY Private Placement……………………………………………………... | 13 |
|  Form G: ESY Roll…………………………………………………………………… | 15 |
|  Form H: ESY Service Provider Listing…………………………………………….... | 16 |
|  Form I: Request for Reimbursement………………………………………………... | 17 |
|  Form J: Private Placement Reimbursement………………………………................. | 18 |
| **Optional Forms**……………………………………………………………………….. | 19 |
|  Form K: Summer School Schedule for Each Teacher……………………………….. | 20 |
|  Form L: Summer Schedule for Each Contractual Service Provider……………….... | 21 |
|  Form M: ESY Bus Transportation………………………………………………….... | 22 |
|  Form N: ESY Parent or Private Contract Transportation………………………….... | 23 |
|  Form O: Itinerant Personnel Travel…………………………………………………. | 24 |
|  Form P: ESY Salary Worksheet…………………………………………................... | 25 |
| **State Board Policy:** Rule 9.2 Reporting Attendance for Virtual Learning…….…….. | 27 |
| **Educable Child Approved Facilities**………………………………………………… | 31 |

2020-2021

Extended School Year

Application

Required Forms

**FORM A**

**COVER PAGE**

 **EXTENDED SCHOOL YEAR APPLICATION**

 **SUMMER 2021 (SY 2020-2021)**

**A. SCHOOL DISTRICT: DISTRICT CODE:**

**B. Student Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disability Category** | **Number Served** |  | **Disability Category** | **Number Served** |
| Autism (AU) |  |  | Multiple Disabilities (MD) |  |
| Deaf/Blind (D/B) |   |  | Orthopedic Impairment (OI) |  |
| Developmentally Delayed (DD) |  |  | Other Health Impairment (OHI) |  |
| Emotional Disability (EmD) |  |  | Specific Learning Disability (SLD) |  |
| Hearing Impairment (HI) |  |  | Traumatic Brain Injury (TBI) |  |
| Intellectual Disability (ID) |  |  | Visually Impaired (VI) |  |
| Language/Speech Impairment (S/L) |  |  |  |  |
|  |  |  | **TOTAL** |  |

**C.** Beginning Date for ESY \_\_\_\_\_\_\_\_\_\_\_\_\_ (must be after the last day for students in the home district)

 Ending Date for ESY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (may not be after the first day for students in the home district)

**D. ASSURANCES**

 As Superintendent of this district, I certify by my signature that:

1. This estimated budget for the ESY has been computed in accordance with Mississippi Department of Education regulations and guidelines.
2. All students with disabilities receiving an ESY meet criteria established in accordance with regulations and documentation is on file to support the individual decisions by the IEP Committee(s).
3. The specific skills to be maintained are clearly identified on the student's IEP as requiring the provision of an ESY. ESY IEP pages are kept on file for audit and monitoring purposes.
4. No expenditure(s) which would have been incurred if there were no ESY is (are) included in this budget. Documentation to support expenditures will be maintained on file for audit inspection.

 Superintendent’s Signature Date

|  |  |  |
| --- | --- | --- |
| **E. ESTIMATED OVERALL COSTS:** |  | **APPROVAL:** |
| **Salaries** | **$** |  |  |
| **Travel/****Transportation** | **$** |  | Division Director Date |
| **Contractual Services** | **$** |  | Office Director, District Fiscal Services Date |
| **Materials/Supplies/****Commodities** | **$** |  | Bureau Director, District Fiscal Services Date |
| **Private Placement to include Transportation**  | **$** |  |  **PROJECTED APPROVAL AMOUNT:** |
| **Other** | **$** |  |  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total**  | **$** |  |  |

**FORM B**

**COVER PAGE AMENDMENT (if applicable)**

 **EXTENDED SCHOOL YEAR APPLICATION**

**AMENDMENT REQUEST NUMBER \_\_\_\_\_\_\_**

 **SUMMER 2021 (SY 2020-2021)**

**A. SCHOOL DISTRICT: DISTRICT CODE:**

**B. Student Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disability Category** | **Number Served** |  | **Disability Category** | **Number Served** |
| Autism (AU) |  |  | Multiple Disabilities (MD) |  |
| Deaf/Blind (D/B) |   |  | Orthopedic Impairment (OI) |  |
| Developmentally Delayed (DD) |  |  | Other Health Impairment (OHI) |  |
| Emotional Disability (EmD) |  |  | Specific Learning Disability (SLD) |  |
| Hearing Impairment (HI) |  |  | Traumatic Brain Injury (TBI) |  |
| Intellectual Disability (ID) |  |  | Visually Impaired (VI) |  |
| Language/Speech Impairment (S/L) |  |  |  |  |
|  |  |  | **TOTAL** |  |

**C.** Beginning Date for ESY \_\_\_\_\_\_\_\_\_\_\_\_\_ (must be after the last day for students in the home district)

 Ending Date for ESY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (may not be after the first day for students in the home district)

**D. ASSURANCES**

As Superintendent of this district, I certify by my signature that:

1. This estimated budget for the ESY has been computed in accordance with Mississippi Department of Education regulations and guidelines.
2. All students with disabilities receiving an ESY meet criteria established in accordance with regulations and documentation is on file to support the decisions by the IEP Committee(s).
3. The specific skills to be maintained are clearly identified on the student's IEP as requiring the provision of an ESY. ESY IEP pages are kept on file for audit and monitoring purposes.
4. No expenditure(s) which would have been incurred if there were no ESY is (are) included in this budget. Documentation to support expenditures will be maintained on file for audit inspection.

 Superintendent’s Signature Date

|  |  |  |
| --- | --- | --- |
| **E. ESTIMATED OVERALL COSTS:** |  | **APPROVAL:** |
| **Salaries** | **$** |  |  |
| **Travel/****Transportation** | **$** |  | Division Director Date |
| **Contractual Services** | **$** |  | Office Director, District Fiscal Services Date |
| **Materials/Supplies/****Commodities** | **$** |  | Bureau Director, District Fiscal Services Date |
| **Private Placement to include Transportation** | **$** |  |  **PROJECTED APPROVAL AMOUNT:** |
| **Other** | **$** |  |   $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total** | **$** |  |  |

**FORM C**

**NONPARTICIPATION ASSURANCE FORM**

**(if applicable)**

**School Year 2020-2021**

**School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Code: \_\_\_\_\_\_\_\_\_\_\_\_\_**

As Superintendent of this district, I certify by my signature that there are no students eligible for Extended School Year Services based on individual IEP committee decisions. Documentation is on file supporting each IEP Committee decision that ESY services are not required.

Superintendent’s Signature Date

**This form must be submitted on or before June 1, 2021. An email must be sent to Roscoe Jones notifying him that this form has been uploaded to SharePoint. (RJones@mdek12.org)**

**FORM D**

**ESY**

**PROJECTED BUDGET SUMMARY**

**Summer 2021 (SY 2020-2021)**

**DISTRICT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Expenditures**Expenditures must be thoroughly explained in the Budget Narrative. \*Equipment, food, beverages, and incentives are not allowable for ESY.  | **Amount** |
| **Salaries, Wages, Fees and/or Fringes:** | $ |
| **Travel/Transportation**  | $ |
| **Contractual Services:** | $ |
| **Materials/Supplies/Commodities:** | $ |
| **Private Placement To include transportation costs for DHS/CPS placements. Appropriate Educable Child forms are required for reimbursement:** | $ |
| **Other: (ex: Utilities)** | $ |
| **Total Projected Budget:** | **$** |

**FORM E-1**

**ESY**

**PROJECTED BUDGET NARRATIVE**

**Summer 2021 (SY 2020-2021)**

Enter the names of staff along with the projected salary to include benefits as projected for the SY21 ESY session. Documentation must be on file in the district to justify the necessity and reasonableness of each salary.

|  |
| --- |
| **Salaries/Fringes**Use the section below to provide a description of the planned use of funds for salaries, wages, and/or fringe benefits. Certified/Licensed Personnel listed here are also listed on Form G. All Personnel listed here are listed on Form H. |
| **Name of Personnel** **(Alphabetical by Last Name)** | **Position** | **Projected Salaries to include**  **Fringe Benefits** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total for Salaries, Wages, Fees and/or Fringes:** | **$** |

|  |
| --- |
|  |

 **FORM E-2 TRANSPORTATION/TRAVEL**

 ***Private Placement Costs should be included on Form F, not this form***.

Bus Transportation

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Bus # | Driver | # of Students | Miles per day | # of days | Total Miles | Mileage Rate | Total |
|  |  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  |  $ .56 |  |

|  |  |
| --- | --- |
| TOTAL |  |

Parent or Private Carrier

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parent or Private Carrier | # of Students | Miles per day | # of days | Total Miles | Mileage Rate | Total |
|  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  |  $ .56 |  |
|  |  |  |  |  | TOTAL |  |

Itinerant Personnel

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Itinerant Teacher  | Miles per day | # of days | Total Miles | Mileage Rate | Total |
|  |  |  |  |  $ .56 |  |
|  |  |  |  |  $ .56 |  |
|  |  |  |  |  $ .56 |  |
|  |  |  |  |  $ .56 |  |
|  |  |  |  |  $ .56 |  |
|  |  |  |  |  $ .56 |  |
|  |  |  |  |  $ .56 |  |
|  |  |  |  |  $ .56 |  |
|  |  |  |  |  $ .56 |  |
|  |  |  |  |  $ .56 |  |
|  |  |  |  |  | TOTAL |  |

Grand Total Form E-2 $\_\_\_\_\_\_\_\_\_

 (Enter on Form D as Travel/Transportation)

**FORM E-3**

**ESY**

**PROJECTED BUDGET NARRATIVE**

**Summer 2021 (SY 2020-2021)**

|  |
| --- |
| **CONTRACTUAL SERVICES**Use the section below to provide a detailed description for the planned use of funds for contractual services to include travel cost. Personnel listed here are also listed on Forms G and H. |
| **Contractual Personnel (Alphabetical by Last Name)**  | **Service Provided** | **Number of Hours** | **Hourly Rate** | **Number of Students Served** | **Amount Requested** |
|  |  |  |  |  | **$** |
|  |  |  |  |  | **$** |
|  |  |  |  |  | **$** |
|  |  |  |  |  | **$** |
|  |  |  |  |  | **$** |
|  |  |  |  |  | **$** |
|  |  |  |  |  | **$** |
|  |  |  |  |  | **$** |
|  |  |  |  |  | **$** |
|  |  |  |  |  | **$** |
|  |  |  |  |  | **$** |
|  |  |  |  |  | **$** |
|  |  |  |  |  | **$** |
|  |  |  |  |  | **$** |
|  |  |  |  |  | **$** |
| **Total for Contractual Services** | **$** |
| **Form E-4** |

**ESY**

**PROJECTED BUDGET NARRATIVE**

**Summer 2021 (SY 2020-2021)**

|  |
| --- |
| Materials/Supplies/CommoditiesUse the section below to provide a detailed description of the planned use of funds for the purchase of materials/supplies/commodities. ***\*Equipment***, ***food, beverages, and*** ***incentives are not allowable for ESY.*** |
| **Item** | **Quantity** | **Unit Cost** | **Amount Requested** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
| **Total for Materials/Supplies/Commodities:** | **$** |

|  |
| --- |
| **Form E-5** |

**ESY**

**PROJECTED BUDGET NARRATIVE**

**Summer 2021 (SY 2020-2021)**

|  |
| --- |
| **Other**Use the section below to provide a description of the planned use of funds for other expenses incurred for Extended School Year. Other expenses should be clearly stated and fully justified.  |
| **Other:** | **Amount Requested:** |
| **Total for Other:** | **$** |

**FORM F**

 **ESY PRIVATE PLACEMENT**

**Summer 2021 (SY 2020-2021)**

**\*Eligibility dates must be current for the duration of ESY for reimbursement approval.**

**\*\*Beginning date must be after the last day of school for the Home District.**

**\*\*\*Ending date must be prior to the first day of school for the Home District.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **Student Name** **(Alphabetical by Last Name)** | **Student MSIS Number** | **Eligibility Category** | **\*Current Eligibility Date** | **Name** **of** **Facility** | **Date of IEP determination of eligibility for ESY**  | **\*\*Beginning** **Date** **of ESY Services**  | **\*\*\*Ending** **Date** **of ESY Services**  | **# Days Served** | **Daily****Rate** | **Total****Amount** |
| 1 |  |  |  |  |  |  |  |  |  | $159.53 |  |
| 2 |  |  |  |  |  |  |  |  |  | $159.53 |  |
| 3 |  |  |  |  |  |  |  |  |  | $159.53 |  |
| 4 |  |  |  |  |  |  |  |  |  | $159.53 |  |
| 5 |  |  |  |  |  |  |  |  |  | $159.53 |  |
| 6 |  |  |  |  |  |  |  |  |  | $159.53 |  |
| 7 |  |  |  |  |  |  |  |  |  | $159.53 |  |
| 8 |  |  |  |  |  |  |  |  |  | $159.53 |  |
| 9 |  |  |  |  |  |  |  |  |  | $159.53 |  |
| 10 |  |  |  |  |  |  |  |  |  | $159.53 |  |

**EDUCATIONAL**

**RESIDENTIAL**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Alphabetical order by last name:****Student Name** | **Student MSIS Number**  | **Eligibility Category** | **\*Current Eligibility Date** | **Name** **of** **Facility** | **Date of IEP determination of eligibility for ESY** | **\*\*Beginning Date of** **ESY****of Services** | **\*\*\*Ending Date of ESY Services**  | **# Days Served** | **Daily** **Rate** | **Total Amount** |
| 1 |  |  |  |  |  |  |  |  |  | $159.53 |  |
| 2 |  |  |  |  |  |  |  |  |  | $159.53 |  |
| 3 |  |  |  |  |  |  |  |  |  | $159.53 |  |
| 4 |  |  |  |  |  |  |  |  |  | $159.53 |  |
| 5 |  |  |  |  |  |  |  |  |  | $159.53 |  |

**Form F (continued)**

**ESY PRIVATE PLACEMENT**

**Summer 2021(SY 2020-2021)**

**TRANSPORTATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name** | **Date(s) of Facility Closure** | **Date(s) of Therapy Participation** | **Mode(s) of Transportation** | **Cost(s)***\*\*Only Amounts Included for Private Placement Total\*\** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| **Educational Total:** | **Residential Tuition Total:** | **Transportation Total:** |

**Form G**

**ESY**

**STUDENT ROLL**

**Summer 2021 (SY 2020-2021)**

*List all students served in ESY*

*(Form F must also be completed for students served through Private Placement)*

**\*Eligibility dates must be current for the duration of ESY for reimbursement approval.**

**\*Beginning date must be after the last day of school for the Home District.**

**\*\*Ending date must be prior to the first day of school for the Home District.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  NAME OF STUDENT (Alphabetical by Last Name) | MSIS IDNUMBER | Date of Birth |  \*Current Eligibility  Date | Eligibility Category | \*\*Beginning Date of Services | \*\*\*Ending Date of Services  | Total Number of Days | Total Number of Hours  | ESYS JustificationCATION | Location of Services |   TEACHER | Aide Required  Yes/No | List Related Services |  Related Service Provider(s) | TransportationBus(B)/Private Carrier (PC) |
| R/RCPI 1CPI2EC  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **TOTAL NUMBER OF STUDENTS SERVED** |  |

 **FORM H**

**ESY PROJECTED SERVICE PROVIDER LISTING**

**(Personnel listed on Forms E-1, E-3, and G are also listed here)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Service Provider** **(Alphabetical by Last Name)** | **Position** | **License Number** **(N/A if not required for position)** | **Number of Students Assigned** | **Total Hours**  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |

**FORM I**

**REQUEST FOR REIMBURSEMENT**

 **EXTENDED SCHOOL YEAR**

**Summer 2021 (SY 2020-2021)**

***This form must be accompanied by an expenditure report from the district’s software package.***

**DISTRICT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISTRICT CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACTUAL ESY EXPENDITURES**

**FOR MDE USE ONLY**

###### Approved for Payment:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bureau Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grants Management Date

Grants Management Date

|  |
| --- |
| **Salaries $** |
| **Travel/Transportation $**  |
| **Contractual Services $** |
| **Materials/Supplies/Commodities $** |
| **Private Placement $****to include Transportation**  |
| **Other $** |
| **Total $**  |

**B. Student Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disability Category** | **Number Served** |  | **Disability Category** | **Number Served** |
| Autism (AU) |  |  | Multiple Disabilities (MD) |  |
| Deaf/Blind (D/B) |   |  | Orthopedic Impairment (OI) |  |
| Developmentally Delayed (DD) |  |  | Other Health Impairment (OHI) |  |
| Emotional Disability (EmD) |  |  | Specific Learning Disability (SLD) |  |
| Hearing Impairment (HI) |  |  | Traumatic Brain Injury (TBI) |  |
| Intellectual Disability (ID) [] |  |  | Visually Impaired (VI) |  |
| Language/Speech Impairment (S/L) |  |  |  |  |
|  |  |  | **TOTAL** |  |

**As Superintendent of this district, I certify by my signature below and that to the best of my knowledge:**

1. This application for reimbursement represents the **actual cost** of operating ESY for the 2020-21 summer session. The accompanying expenditure report is reflective of expenses incurred in the provision of ESY services to students in this school district. Sufficient documentation is available for audit inspection.
2. The students with disabilities served met the ESY criteria established in accordance with the Mississippi Department of Education regulations and the educational services provided are specified in each student’s Individualized Education Program. ESY IEP pages are kept on file for audit and monitoring purposes.
3. No expenditure(s) which would have been incurred if there had not been ESY is (are) included for reimbursement. Documentation to support expenditures is on file for audit inspection.

SUPERINTENDENT’S SIGNATURE DATE

|  |
| --- |
| **The reimbursement request with the required expenditure report must be uploaded into SharePoint on or before September 30, 2021 along with an email notifying Roscoe Jones (****RJones@mdek12.org****) that this application and any additional information has been uploaded to SharePoint.*****Failure to submit documentation will impact reimbursement.***  |

**FORM J**

 **PRIVATE PLACEMENT REIMBURSEMENT FORM**

**Summer 2021 (SY2020-2021)**

**\*Eligibility dates must be current for the duration of ESY for reimbursement approval.**

**\*\*Beginning date must be after the last day of school for the Home District.**

**\*\*\*Ending date must be prior to the first day of school for the Home District.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF STUDENT (Alphabetical by Last Name) | MSIS ID Number | \*Current EligibilityDate | Date of Birth | \*\*Beginning Date ofServices | \*\*\*Ending Date ofServices | Exit Reason | Number of Days Served | Daily Educational Rate | Total Educational Cost | Transportation Cost as documented on Educable Child Form | Total Cost | \*\*\*\*Student Listed in Original Application Yes/No  |
| 1 |   |  |  |   |  |  |  |  | $ 159.53 | $  | $ | $ |   |
| 2 |   |   |   |   |  |  |  |  | $ 159.53 | $  | $  | $  |   |
| 3 |   |   |   |   |  |  |  |  | $ 159.53 | $  | $  | $  |   |
| 4 |   |   |   |   |  |  |  |  | $ 159.53 | $  | $  | $  |   |
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| 7 |   |   |   |   |  |  |  |  | $ 159.53 | $  | $  | $  |   |
| 8 |   |   |   |   |  |  |  |  | $ 159.53 | $  | $  | $  |   |
| 9 |   |   |   |   |  |  |  |  | $ 159.53 | $  | $  | $  |   |
| 10 |   |   |   |   |  |  |  |  | $ 159.53 | $  | $  | $  |   |
|  | TOTAL |  |  |  |  |  |  |  |  | $  | $  | $  |  |

**\*\*\*\*If the student was not listed on original application, justification and documentation must be attached.**

**Form J must be accompanied by Proof of Attendance in compliance with State Board Policy 9.2: Attendance Reporting (see page 40)**

**OPTIONAL FORMS**

 **\*Do Not submit with Application**

***These forms are to be used as worksheets and kept on file in the district***

 **FORM K**

**OPTIONAL FORM**

**\*Do Not submit with Application**

 **ESY WORKSHEET**

**SUMMER SCHEDULE FOR EACH TEACHER**

**Summer 2021 (SY2020-2021)**

|  |
| --- |
| **NAME OF TEACHER:** |
|  | **JUNE** |  |  |  | **JULY** |  |  |  | **AUGUST** |  |
| DATES OF INSTRUCTION | NUMBER OF HOURS OF INSTRUCTION PER DATE | NUMBER OF HOURS OF TRAVEL PER DATE |  | DATES OF INSTRUCTION | NUMBER OF HOURS OF INSTRUCTION PER DATE | NUMBER OF HOURS OF TRAVEL PER DATE |  | DATES OF INSTRUCTION | NUMBER OF HOURS OF INSTRUCTION PER DATE | NUMBER OF HOURS OF TRAVEL PER DATE |
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| **TOTAL NUMBER OF DAYS** |  | **TOTAL HOURS OF INSTRUCTION** |  | **TOTAL TRAVEL HOURS** |  |
| **GRAND TOTAL OF HOURS OF INSTRUCTION AND TRAVEL** |  |

|  |
| --- |
|  **FORM L**  |

 **OPTIONAL FORM**

**\*Do Not submit with Application**

 **ESY WORKSHEET**

**SUMMER SCHEDULE FOR EACH CONTRACTUAL SERVICE PROVIDER**

**Summer 2021(SY 2020-2021)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **JUNE** |  |  | **JULY** |  |  | **AUGUST** |
| **DATES OF SERVICE** | **NUMBER OF HOURS PER DATE** |  | **DATES OF SERVICE** | **NUMBER OF HOURS PER DATE** |  | **DATES OF SERVICE** | **NUMBER OF HOURS PER DATE** |
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| --- | --- | --- | --- |
| **TOTAL NUMBER OF DAYS** |  | **TOTAL HOURS OF SERVICES** |  |

**FORM M**

**OPTIONAL FORM**

**\*Do Not submit with Application**

**ESY WORKSHEET**

**BUS TRANSPORTATION**

**Summer 2021 (SY 2020-2021)**

Use the following formulas to calculate bus transportation costs. If the driver is transporting more than one student, the names of all students can be listed on one line.

**TRANSPORTATION BY BUS**

Driver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Miles per Day X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Number of Miles = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rate per Mile X $\_\_\_\_.56\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Cost = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Miles per Day X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Number of Miles = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rate per Mile X $\_\_\_\_.56\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Cost = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Miles per Day X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Number of Miles = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rate per Mile X $\_\_\_\_.56\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Cost = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL COST $ \_\_\_\_\_\_\_\_\_\_\_**

**(enter on Form E-2)**

**FORM N**

**OPTIONAL FORM**

**\*Do Not submit with Application**

**ESY WORKSHEET**

**PARENT OR PRIVATE CONTRACT TRANSPORTATION**

**Summer 2021 (SY 2020-2021)**

Use the following formulas to calculate transportation costs. If transporting more than one student, the names of all students can be listed on the same line.

Driver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Miles per Day X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Number of Miles = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rate per Mile X $\_\_\_\_.56\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Cost = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Miles per Day X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Number of Miles = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rate per Mile X $\_\_\_\_.56\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Cost = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Miles per Day X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Number of Miles = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rate per Mile X $\_\_\_\_.56\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Cost = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **TOTAL COST $ \_\_\_\_\_\_\_\_\_\_\_****(enter on Form E-2)** **FORM O****OPTIONAL FORM** **\*Do Not submit with Application**  |

 **ESY WORKSHEET**

**ITINERANT PERSONNEL TRAVEL**

**Summer 2021 (SY 2020-2021)**

Use the following formulas as needed to calculate transportation costs. If transporting more than one student, the names of all students can be listed on the same line.

**TRAVEL BY ITINERANT PERSONNEL**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Miles per Day X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Number of Miles = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rate per Mile X $\_\_\_\_.56\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Cost = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Miles per Day X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Number of Miles = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rate per Mile X $\_\_\_\_.56\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Cost = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Miles per Day X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Number of Miles = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rate per Mile X $\_\_\_\_.56\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Cost = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL COST $ \_\_\_\_\_\_\_\_\_\_\_**

**(enter on Form E-2)**

**Form P**

 **OPTIONAL Worksheet**

**\*Do Not submit with Application.**

**ESY SALARY WORKSHEET**

**Summer 2021 (SY 2020-2021)**

1. **PERSONNEL**

|  |  |  |
| --- | --- | --- |
| **NAME** | **POSITION** | **Projected Total Salary** **to include Fringe Benefits**  |
|  |  |  |
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1. **SALARY CALCULATION FOR EACH SERVICE PROVIDER**

 Compute each salary using the formula for each individual.

|  |  |
| --- | --- |
| **PERSONNEL 1.** | a) Hourly Rate, Session Rate, or Daily Rate $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_b) Total # of Hours, Sessions, or Days $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_c) Total Salary [multiply (a) times (b)] $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_d) \_\_\_\_\_\_\_\_\_\_ % Social Security times (c) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_e) \_\_\_\_\_\_\_\_\_\_ % Retirement times (c) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_f) \_\_\_\_\_\_\_\_\_\_ % Workman’s Compensation times (c) = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_g) Total **(Add c+d+e+f)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Rate Formula |

|  |  |
| --- | --- |
| **PERSONNEL 2.** | a) Hourly Rate, Session Rate, or Daily Rate $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_b) Total # of Hours, Sessions, or Days $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_c) Total Salary [multiply (a) times (b)] $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_d) \_\_\_\_\_\_\_\_\_\_ % Social Security times (c) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_e) \_\_\_\_\_\_\_\_\_\_ % Retirement times (c) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_f) \_\_\_\_\_\_\_\_\_\_ % Workman’s Compensation times (c) = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_g) Total **(Add c+d+e+f)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Rate Formula |

|  |  |
| --- | --- |
| **PERSONNEL 3.** | a) Hourly Rate, Session Rate, or Daily Rate $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_b) Total # of Hours, Sessions, or Days $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_c) Total Salary [multiply (a) times (b)] $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_d) \_\_\_\_\_\_\_\_\_\_ % Social Security times (c) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_e) \_\_\_\_\_\_\_\_\_\_ % Retirement times (c) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_f) \_\_\_\_\_\_\_\_\_\_ % Workman’s Compensation times (c) = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_g) Total **(Add c+d+e+f)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Rate Formula |

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| --- |
| **Continued**  |

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| **PERSONNEL 4.** | a) Hourly Rate, Session Rate, or Daily Rate $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_b) Total # of Hours, Sessions, or Days $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_c) Total Salary [multiply (a) times (b)] $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_d) \_\_\_\_\_\_\_\_\_\_ % Social Security times (c) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_e) \_\_\_\_\_\_\_\_\_\_ % Retirement times (c) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_f) \_\_\_\_\_\_\_\_\_\_ % Workman’s Compensation times (c) = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_g) Total **(Add c+d+e+f)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Rate Formula |

|  |  |
| --- | --- |
| **PERSONNEL 5.** | a) Hourly Rate, Session Rate, or Daily Rate $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_b) Total # of Hours, Sessions, or Days $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_c) Total Salary [multiply (a) times (b)] $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_d) \_\_\_\_\_\_\_\_\_\_ % Social Security times (c) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_e) \_\_\_\_\_\_\_\_\_\_ % Retirement times (c) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_f) \_\_\_\_\_\_\_\_\_\_ % Workman’s Compensation times (c) = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_g) Total **(Add c+d+e+f)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Rate Formula |

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| **PERSONNEL 6.** | a) Hourly Rate, Session Rate, or Daily Rate $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_b) Total # of Hours, Sessions, or Days $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_c) Total Salary [multiply (a) times (b)] $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_d) \_\_\_\_\_\_\_\_\_\_ % Social Security times (c) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_e) \_\_\_\_\_\_\_\_\_\_ % Retirement times (c) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_f) \_\_\_\_\_\_\_\_\_\_ % Workman’s Compensation times (c) = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_g) Total **(Add c+d+e+f)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Rate Formula |

|  |  |
| --- | --- |
| **PERSONNEL 7.** | a) Hourly Rate, Session Rate, or Daily Rate $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_b) Total # of Hours, Sessions, or Days $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_c) Total Salary [multiply (a) times (b)] $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_d) \_\_\_\_\_\_\_\_\_\_ % Social Security times (c) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_e) \_\_\_\_\_\_\_\_\_\_ % Retirement times (c) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_f) \_\_\_\_\_\_\_\_\_\_ % Workman’s Compensation times (c) = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_g) Total **(Add c+d+e+f)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Rate Formula |

|  |  |
| --- | --- |
| **PERSONNEL 8.** | a) Hourly Rate, Session Rate, or Daily Rate $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_b) Total # of Hours, Sessions, or Days $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_c) Total Salary [multiply (a) times (b)] $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_d) \_\_\_\_\_\_\_\_\_\_ % Social Security times (c) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_e) \_\_\_\_\_\_\_\_\_\_ % Retirement times (c) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_f) \_\_\_\_\_\_\_\_\_\_ % Workman’s Compensation times (c) = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_g) Total **(Add c+d+e+f)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**TOTAL COST $ \_\_\_\_\_\_\_\_\_\_\_**

**(enter on Form D)**

**State Board Policy 9.2**

*Chapter 9: Attendance Reporting Rule 9.2 Reporting Attendance for Virtual Learning*

**Background** As a part of Mississippi’s response to coronavirus (COVID-19), many local education agencies (LEAs) will utilize one (1) of three (3) options (traditional schedule, hybrid schedule, or virtual schedule), or any combination thereof, beginning with the 2020 – 2021 school year to meet the statutorily mandated 180-day teaching day requirement. *See* Miss. Code Ann. § 37-13-63. This policy contains the requirements for LEAs to report attendance beginning with the 2020 – 2021 school year for traditional, hybrid, and virtual schedules.

**School Year Attendance Collection Policy Beginning 2020 - 2021 School Year**

Mississippi Code Ann. § 37-13-91 makes education for any child between the age of 6 and 17 compulsory, requires schools to report daily attendance, and requires referrals to other entities when attempts to secure enrollment and/or attendance of a compulsory-school-age child are unable to effect the enrollment and/or attendance.

Existing regulations governing the collection of attendance assume physical presence. Beginning with the 2020 – 2021 school year, attendance shall be collected as follows:

* Schools shall report daily attendance using the following types: traditional (in-person) and virtual (i.e., online/distance learning).[[1]](#footnote-1)
	+ For in-person attendance, consistent with existing regulations, a student will be marked present or absent.[[2]](#footnote-2)
	+ For virtual (online/distance learning) attendance, the student shall be marked present or absent based on the following:
		- For a student to be marked present when attending school through virtual learning, the LEA shall meet one (1) of the following conditions:
			* If the LEA uses a learning management system (LMS),[[3]](#footnote-3) the student shall be authenticated and engaged in education consistent with the LEA’s prescribed policy; or If the LEA does not use an LMS, the LEA shall make one-on-one contact with a student for the day to authenticate their presence ***and*** provide daily evidence of engagement consistent with the LEA’s policy.[[4]](#footnote-4)

**Types of Traditional, Hybrid, and Virtual Scheduling Based on Restart/Digital Learning Plan/Home Connectivity**

1. In-Person Mode (Traditional)

a. Hours at school[[5]](#footnote-5)

b. Reporting

i. Report attendance in Local SIS[[6]](#footnote-6) **daily**

ii. Report attendance to MSIS[[7]](#footnote-7) **monthly**

2. Mixed Mode (Hybrid)

a. Designate in MSIS which days of attendance are counted via which mode (**daily** or

 **weekly**)

3. Synchronous[[8]](#footnote-8) Online Mode (Digital-Virtual)

a. Daily assignment [a minimum of 240 minutes of instruction] completed = hours toward

 daily attendance

b. Attending scheduled daily interactions = hours toward daily attendance

c. Reporting

i. **Daily** metadata for accessing software, completing assignments, and participating

ii. Report engagement in Local SIS **daily** [data integration with LMS]

iii. Report attendance to MSIS **monthly**

iv. Automated metadata report to MDE via LMS **monthly**

4. Asynchronous[[9]](#footnote-9) Online Mode (Digital-Virtual)

a. Daily assignment [a minimum of 240 minutes of instruction] completed = hours toward

 daily attendance

b. Attending scheduled weekly interactions [one-on-one or in groups] = hours toward daily

 attendance

c. Reporting

i. **Daily** metadata for accessing software, completing assignments, and participating

ii. Report engagement in Local SIS **daily** [data integration with LMS]

iii. Report attendance to MSIS **monthly**

iv. Automated metadata report to MDE via LMS **monthly**

5. Asynchronous Offline Mode (Digital-Virtual)

a. Daily assignment [a minimum of 240 minutes of instruction] completed = hours toward

 daily attendance

b. Attending scheduled weekly interactions [one-on-one or in groups] = hours toward daily

 attendance

c. Reporting

i. **Weekly** metadata for accessing software, completing assignments, and

 participating

ii. Report engagement in Local SIS **weekly** [data integration with LMS]

iii. Report attendance to MSIS **monthly**

iv. Automated metadata report to MDE via LMS **monthly**

6. Asynchronous Offline Mode (Learning Packets)[[10]](#footnote-10)

a. Daily assignment [a minimum of 240 minutes of instruction] completed = hours toward

 daily attendance

b. Attending scheduled weekly interactions [one-on-one or in groups] = hours toward daily

 attendance

c. Reporting

i. Report attendance in Local SIS[[11]](#footnote-11) **weekly**

ii. Report attendance to MSIS[[12]](#footnote-12) **monthly**

In the LEA’s plan required by the MDE for the 2020 – 2021 school year, the LEA shall clearly outline the LEA-defined policies it is using to meet the criteria for reporting students present in a virtual learning environment. Attendance shall be collected daily and reported in accordance with the requirements outlined in Miss. Code Ann. §§ 37-13-91 and 37-151-5(j) and Miss. Admin. Code 7-3: 30.2, State Board of Education Chapter 30, Rule 30.2, and Policy 2.1 of the current edition of the *Mississippi Public School Accountability Standards*.

Based on a waiver granted by the State Board of Education on June 11, 2020 for Miss. Code Ann. § 37-13-67 and Process Standard 13.1 of the *Mississippi Public School Accountability Standards, 2019*, LEAs are required to provide a minimum of 240 instructional minutes per day to students for the 2020 – 2021 school year. The daily instructional minutes need not be consecutive but shall occur within the same day. A program meets the synchronous online method requirements if the minimum daily instructional minutes are met, even if part of the day includes asynchronous activities.

LEAs are required to maintain daily schedules that document the amount of instruction a student or group of students is scheduled to receive on a given day. The schedule shall detail the amount and type of instruction being provided that the LEA has approved for the purpose of recording attendance in accordance with Miss. Code Ann. §§ 37-13-91 and 37-151-5(j).

Dual Enrollment - When dually enrolled, the student may be counted, for adequate education program funding purposes, in the average daily attendance of the public school district in which the student attends high school. (*See* Miss. Code Ann. § 37-15-38(7)) Therefore, during dual credit class periods on days when the college schedule does not align with the LEAs schedule, students should not be counted as absent.

Absences shall be entered as either excused or unexcused consistent with definitions defined in Miss. Code Ann. § 37-13-91 and Miss. Admin. Code 7-3: 30.2, State Board Policy Chapter 30, Rule 30.2. Unexcused absences will result in the same reporting of truancy referrals.

Source: Miss. Code Ann. §§ 37-1-3, 37-13-91, and 37-151-5(j). (*Adopted 8/2020*)

Frequently Asked Questions Regarding State Board Policy 9.2 can be found at

<https://www.mdek12.org/OA/Accred/SBP9.2QandA>.

 **Approved Educable Child Facilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DISTRICT | NAME/TITLE | EMAIL ADDRESS | ADDRESS | PHONE | FAX |
| Brentwood-Crossroads | Leslie Lee, Principal | leslie.lee@uhsinc.com | 3531 Lakeland Drive Flowood, MS 39232 | 601-936-2024 | 601-936-7863 |
| CARES, School | Maureen Long, Principal | mary.long@mycanopy.org | 402 Wesley Avenue Jackson, MS 39202 | 601-360-0583 | 601-709-5527 |
| CARES, School-Hattiesburg | Dr. Robin Davis, Principal | robin.davis@mycanopy.org | 6752 US Hwy 98Hattiesburg, MS 39402 | 601-264-0200 | 601-264-7733 |
| Crossroads- Meridian | Rae Andreacchio, Director | rae.andreacchio@uhsinc.com | 5000 Hwy 39 North Meridian, MS 39301 | 601-483-6211 | 601-483-5452 |
| Diamond Grove Center | Susan Watts, Principal | susan.watts@uhsinc.com | 2311 Hwy 15 SouthLouisville, MS 39339 | 662-779-0119 | 662-779-0151 |
| Gulf Oaks Therapeutic Day School | Jim Baldree, Principal | james.baldree@hma.com  | 180-C DeBuys Rd.Biloxi, MS 39531 | 228-388-0679 | 228-388-0657 |
| Magnolia Speech | Valerie Linn, Principal Beverly Cunningham | valerie.linn@magnoliaspeechschool.org beverly.cunningham@magnoliaspeechschool.org | 733 Flag Chapel Rd. Jackson, MS 39209 | 601-922-5530 | 601-922-5534 |
| Memphis Oral School for the Deaf | Shelly Crais, Principal | scrais@mosdkids.org  | 7901 Poplar Ave.Germantown, TN 38138 | 901-758-2228 | 901-531-6735 |
| Millcreek-Batesville | Barry Goolsby, Principal Ed Hood, CEO | barry.goolsby@millcreekofpontotoc.com ed.hood@acadiahealthcare.com  | 171 Buckhorn Rd.Batesville, MS 38620 | 662-563-1442662-488-8878 | 662-563-1445662-488-8767 |
| Millcreek-Golden Triangle | David Poss, PrincipalEd Hood, CEO | david.poss@millcreekofpontotoc.com ed.hood@acadiahealthcare.com | 1380 Motley Rd Columbus, MS 39701 | 662-657-1090 | 662-657-1093 |
| Millcreek-Greenville | Brenda Henderson, PrincipalEd Hood, CEO | brenda.henderson@millcreekofpontotoc.com ed.hood@millcreekofpontotoc.com | 1656 Union StreetGreenville, MS 38701 | 662-332-5360662-488-8878 | 662-332-5363662-488-8767 |
| Millcreek-Kosciusko | Roger Hill, Principal | roger.hill@millcreekofpontotoc.com | 162 Aponaug Road Kosciusko, MS 39090 | 662-289-7902 | 662-289-7905 |
| Millcreek-Magee | Josh Yeager, Principal | josh.yeager@millcreekcenters.com  | P. O. Box 1160 Magee, MS 39111 | 601-849-4221 | 601-849-6962 |
| Millcreek-Meadville | Letha Presley, Principal | letha.presley@millcreekofmagee.com | P. O. Box 864Meadville, MS 39653 | 601-384-3884 | 601-384-3886 |
| Millcreek-Newton | Mike Spence, Principal | mike.spence@millcreekofmagee.com | 800 Decatur Street Newton, MS 39345 | 601-683-7208 | 601-683-7438 |
| Millcreek-Pearl | William Lawson, Principal | william.lawson@millcreekofmagee.com | P. O. Box 2338 Clinton, MS 39060 | 601-326-7762 | 601-326-7765 |
| Millcreek-Pontotoc | Vince Jordan, PrincipalEd Hood, CEO | [vince.jordan@millcreekofpontotoc.com Ed.Hood@acadianhealthcare.com](file:///C%3A%5CUsers%5Cmargaret.ellmer%5CDownloads%5C3%20educable-child-approved-facilities-17-18.xls)  | P. O. Box 619Pontotoc, MS 38863 | 662-488-8878 | 662-488-8767 |
| Nativity B.V.M. Elementary School | Traci Kessler, Principal | <http://www.nativitybvm.org/> | 1046 Beach Blvd. Biloxi, MS 39530 | 228-432-2269 | 228-432-9421 |
| New Summit School | Roy Balentine, Principal | rbalentine@nlr-sd.com | 1417 Lelia Drive Jackson, MS 39216 | 601-982-7827 | 601-982-0080 |
| North New Summit School-Greenwood | Keith Davis, Principal | kdavis@newsummitschool.com | 1203 Sgt. John  Pittman Dr. Greenwood, MS 39402 | 662-451-5398 | 662-457-1150 |
| Our Lady of Lourdes | Christie Jonley | cjonley@stjoeirish.org | 1501 VFW Rd.Greenville, MS 38701 | 662-334-3287 | 662-332-9877 |
| Park Academy  | Jillene Poole, Principal | jillene.poole@uhsinc.com  | 8135 Goodman Road Olive Branch, MS 38654 | 662-893-7104 | 662-893-7078 |
| St. Joseph-Greenville | Craig Mandolini, Principal | cmandolini@stjoeirish.org  | 1501 VFW Rd.Greenville, MS 38701 | 662-378-9711 | 662-378-3496 |
| St. Richard School | Jennifer David, Principal | jdavid@strichardschool.org  | 100 Holly Dr.Jackson, MS 39206 | 601-366-1157 | 601-366-4344 |

1. For attendance reporting purposes, in-person is defined as classes where the student accesses instruction within the physical school building or on the school campus. Virtual learning is defined as the student accesses instruction outside of the physical school building such as online or through distance learning mechanisms. [↑](#footnote-ref-1)
2. *See* Miss. Code. Ann. §§ 37-13-91 and 37-151-5(j) [↑](#footnote-ref-2)
3. A learning management system (LMS) is a software application that allows schools to create, manage and deliver instructional content, and that includes collaboration and reporting tools (e.g., Google Classroom, Instructure Canvas and Schoology). [↑](#footnote-ref-3)
4. LEAs shall describe their local board-approved attendance policies and what constitutes authentication and engagement to verify attendance in a virtual learning environment. [↑](#footnote-ref-4)
5. Based on a waiver granted by the State Board of Education on June 11, 2020 for Miss. Code Ann. § 37-13-67 and Process Standard 13.1 of the *Mississippi Public School Accountability Standards, 2019*, LEAs are required to provide a minimum of 240 instructional minutes per day to students for the 2020 – 2021 school year. Districts are encouraged to schedule in-person instructional days at 330 minutes when possible. However, minutes may be reduced to allow for altered transportation schedules, health screenings, class transitions, modified food service schedules, and other activities to maximize health and safety of staff and students. [↑](#footnote-ref-5)
6. Student Information System [↑](#footnote-ref-6)
7. Mississippi Student Information System [↑](#footnote-ref-7)
8. Synchronous instruction: two-way, real-time/live, virtual instruction between teachers and students when students are not on campus. [↑](#footnote-ref-8)
9. Asynchronous instruction: instruction that does not require having the instructor and student engaged at the same time. [↑](#footnote-ref-9)
10. Asynchronous Offline Mode is typically used for students who do not have access to content via an electronic device and who are present for class off-site, completing assignments via pencil and paper. [↑](#footnote-ref-10)
11. Student Information System [↑](#footnote-ref-11)
12. Mississippi Student Information System [↑](#footnote-ref-12)