



# Mississippi Department of Education

## Office of Special Education

2020-2021  
Extended School Year  
Application

Revised 3/2021

# Extended School Year Application

Carey M. Wright, Ed.D., State Superintendent of Education

Office of Academic Education

Nathan Oakley, Ph.D., Chief Academic Officer

Office of Special Education

Robin Lemonis, Executive Director

Margaret Ellmer, Ph.D., Director of Policy and District Support

LaKenya Moore, Director of Fiscal Operations

Sharon Coon, Office Director II

Tonya McDonald, Office Director II

Roscoe Jones, Division Director II

Mississippi Department of Education  
Post Office Box 771  
Jackson, Mississippi 39205-0771

Carey M. Wright, Ed.D., State Superintendent of Education

The Mississippi State Board of Education, the Mississippi Department of Education, the Mississippi School for the Arts, the Mississippi School for the Blind, the Mississippi School for the Deaf, and the Mississippi School for Mathematics and Science do not discriminate on the basis of race, sex, color, religion, national origin, age, or disability in the provision of educational programs and services or employment opportunities and benefits. The following office has been designated to handle inquiries and complaints regarding the non-discrimination policies of the above-mentioned entities:

**Director, Office of Human Resources  
Mississippi Department of Education  
359 North West Street  
Suite 203  
Jackson, Mississippi 39201  
(601) 359-3511**

# **Mississippi Board of Education 5-Year Strategic Plan**

## **Vision**

To create a world-class educational system that gives students the knowledge and skills to be successful in college and the workforce and to flourish as parents and citizens.

## **Mission**

To provide leadership through the development of policy and accountability systems so that all students are prepared to compete in the global community.

## **Goals:**

1. All Students Proficient and Showing Growth in All Assessed Areas
2. Every Student Graduates from High School and is Ready for College and Career
3. Every Child Has Access to a High-Quality Early Childhood Program
4. Every School Has Effective Teachers and Leaders
5. Every Community Effectively Uses a World-Class Data System to Improve Student Outcomes
6. Every School and District is Rated “C” or Higher

## TABLE OF CONTENTS

<b>Extended School Year (ESY) Application Overview</b> .....	6
<b>ESY Application Instructions</b> .....	7
Calendar.....	7
Cover Page.....	7
Cover Page Amendment (if applicable) .....	8
Nonparticipation Assurance Form (if applicable) .....	8
Projected Budget Summary.....	8
Projected Budget Narratives.....	8
ESY Private Placement.....	9
ESY Roll.....	10
ESY Service Provider Listing.....	11
Request for Reimbursement.....	11
Private Placement Reimbursement.....	12
<b>Optional Worksheets</b> .....	13
Summer School Schedule for Each Teacher.....	13
Summer Schedule for Each Service Provider.....	13
ESY Bus Transportation.....	13
ESY Parent or Private Contract Transportation.....	13
Itinerant Teacher Travel.....	14
ESY Salary Worksheet.....	14
<b>Required Forms</b> .....	16
Form A: Cover Page.....	17
Form B: Cover Page Amendment (if applicable).....	18
Form C: Nonparticipation Assurance Form (if applicable).....	19
Form D: Projected Budget Summary.....	20
Forms E-1 through E5: Projected Budget Narrative.....	21
Form F: ESY Private Placement.....	26
Form G: ESY Roll.....	28
Form H: ESY Service Provider Listing.....	29
Form I: Request for Reimbursement.....	30
Form J: Private Placement Reimbursement.....	31
<b>Optional Forms</b> .....	32
Form K: Summer School Schedule for Each Teacher.....	33
Form L: Summer Schedule for Each Contractual Service Provider.....	34
Form M: ESY Bus Transportation.....	35
Form N: ESY Parent or Private Contract Transportation.....	36
Form O: Itinerant Personnel Travel.....	37
Form P: ESY Salary Worksheet.....	38
<b>State Board Policy: Rule 9.2 Reporting Attendance for Virtual Learning</b> .....	40
<b>Educable Child Approved Facilities</b> .....	44

## **EXTENDED SCHOOL YEAR APPLICATION OVERVIEW SUMMER 2021**

**Required Forms A through H must be submitted with the ESY Application which is due in the OSE office on or before June 1, 2021. Forms I and J, along with an expenditure report from the District's accounting software package must be submitted by close of business on September 30, 2021 (along with any revised forms needed). Facilities must submit proof of attendance to comply with *State Board Policy 9.2, Chapter 9: Attendance Reporting Rule 9.2* (see page 40).**

**Fillable forms (in Word format) to accompany this guidance document are available at <https://www.mdek12.org/OSE/funding/special-education-extended-school-year>.**

*For the purposes of submitting an ESY application, 34 CFR §§300.106 defines extended school year services as special education and related services that*

- Are provided to a child with a disability—
- Beyond the normal school year of the public agency;
- In accordance with the child's Individual Education Program (IEP); and
- At no cost to the parents of the child

*The Mississippi Department of Education's Extended School Year Guidelines (2003) require IEP committees to complete a review of **all** student performance data and determine **each** student's need for extended school year services (ESYS). The IEP committee may begin making ESY determinations no earlier than **January 15th** of each year. Reviews shall be completed by **April 15th** of each year. Documentation to substantiate the need for ESY services for each student must be maintained on file within each district and each Educable Child Approved Facility. Each district and facility shall ensure that ESY decisions are made in accordance with *Part 3, Chapter 74: Special Education – Rule 74.12 and the MDE Extended School Year Handbook**

Rule 74.12 can be found at:

<https://www.mdek12.org/sites/default/files/documents/MBE/State%20Board%20Policy/Chapter%2074/Rule%2074.12.pdf>)

The MDE Extended School Year Handbook can be found at:

[https://www.mdek12.org/sites/default/files/Page\\_Docs/ESY%20Handbook%202003.pdf](https://www.mdek12.org/sites/default/files/Page_Docs/ESY%20Handbook%202003.pdf))

### **Requirements:**

**Initial Application: Form A, copies of the district's 2020-2021 school year calendar and Forms D through H must be uploaded to SharePoint on or before June 1, 2021. Form B must be submitted if an amendment is necessary. Form C must be submitted if the district has identified that no students are eligible for ESY services for the school year**

**2020-2021. An email must be sent to Roscoe Jones (rjones@mdek12.org) on or before June 1, 2021 notifying him that the application has been uploaded to SharePoint.**

**Reimbursement Request: Forms I and J, along with an expenditure report from the District's accounting software package must be uploaded to SharePoint by close of business on September 30, 2021 (along with any revised forms needed). Facilities must submit proof of attendance to comply with *State Board Policy 9.2, Chapter 9: Attendance Reporting Rule 9.2* (see page 40). An email must be sent to Roscoe Jones (rjones@mdek12.org) by close of business on September 30, 2021 notifying him that the reimbursement request has been uploaded to SharePoint.**

## **ESY APPLICATION INSTRUCTIONS**

### **CALENDARS**

District and facility calendars for the 2020-21 and 2021-22 school years must be submitted with the application. ESY services may not begin prior to the last day for students in the home district. ESY services must end prior to the first day of school in the home district.

### **FORM A: COVER PAGE**

A cover page (Form A) must be utilized with each ESY project. When submitting the ESY Application to the Mississippi Department of Education (MDE), the cover page (Form A) must be the **FIRST PAGE** of the ESY Application. Complete this form as follows:

Section A - Provide the district's name and code.

Section B - Provide the total number of students served in the ESY program by disability.

Section C - Provide the beginning date and ending date of ESY. The beginning date must be after the last day of school for the Home District. The ending date must be prior to the first day of school for the Home District. *34 CFR §§300.106 defines extended school year services as special education and related services that are provided beyond the normal school year.*

Facilities must follow the home district's calendar for the provision of ESY services for district placed students using ESY funds. For students who are wards of the state, the facility's calendar governs the provision of ESY services.

Section D - Certify by Superintendent's original signature the assurances as described in this section.

Section E - Provide the estimated overall costs for the ESY program.

**FORM B**  
**COVER PAGE AMENDMENT (if applicable)**

Amendments to the project are only required if actual expenditures in Forms E1 through E5 are greater than ten percent (10%) of the approved projected budget. If this occurs, submit the Cover Page Amendment (Form B) with an original superintendent's signature, a revised Projected Budget Page (Form D) and revised Projected Budget Narratives (Forms E-1 through E-5) to reflect all changes. Once the amendment has been approved, you will be sent a copy of the approved amended application cover page. Amendments must be submitted to the Office of Special Education prior to the submission of the Reimbursement Request Forms I and J which are due before close of business September 30, 2021.

**FORM C: NONPARTICIPATION ASSURANCE FORM (if applicable)**

Submit this form if **no** student within the district is eligible for ESY services based on the decisions of IEP Committees. Such decisions must be made in accordance with regulations and the unique needs of each individual student with a disability. Documentation supporting such decisions must be maintained on file in the district. If no services are to be provided, this form must be completed and submitted no later than June 1, 2021. An original superintendent's signature is required. **Form C must be uploaded in SharePoint no later than 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: PROJECTED BUDGET SUMMARY**

List the total projected budget for each budget category. Totals for each category must match the totals on budget narrative forms E-1 through E-5.

**FORMS E-1 through E5: PROJECTED BUDGET NARRATIVE**

Each budget category has a separate narrative page. Provide itemized estimates along with narrative descriptions of the use of funds for each category sufficient to justify the necessity of costs.

**NOTE: There is no budget category for equipment because equipment may not be purchased from ESY funds. Food, beverages, and incentives for students are not allowable costs for ESY.**



## **FORM F: ESY PRIVATE PLACEMENT**

Funding to maintain educational services for students placed in an Educable Child approved facility based on eligibility for ESY services is to be requested on Form F. Cross-referencing of Educable Child Program files will be conducted. Continued placement in a private facility must be based on the need to provide a free appropriate public education (FAPE) in accordance with the student's IEP. The student's IEP must indicate eligibility for ESY services. The facility must submit along with their invoices and requests for tuition and transportation reimbursement, **documentation of the actual provision of ESY services** whether by in person or virtual instruction with attendance requirements documented as outlined in State Board Policy 9.2. (See page 40). FAQs regarding attendance requirements are available at <https://www.mdek12.org/OA/Accred/SBP9.2QandA>.

To complete Form F, list the name of each student, in alphabetical order by last name, who will be receiving educational services in a private facility along with the student's MSIS ID number and other information as required in the form. A current IEP for each student must be on file under the Educable Child Program. The IEP must address ESY services for the current school year. Any student who is placed in an Educable Child facility must have an IEP with beginning and ending service dates indicated. If such an IEP is not on file at the time of approving the district's application, costs for this type of placement will not be approved without an amendment from the district.

For each student who is currently identified as eligible for the Educable Child Program, place the name of the facility in which the student is placed. Current Educable Child files will be cross-referenced by the MDE OSE to verify eligibility. For each student who is placed in an Educable Child facility, **a copy of the IEP ESY page** for that student must be submitted with the application.

If a student is being *initially* placed in an Educable Child facility by the district IEP Committee and will receive ESY services in the facility, approval must be received from MDE prior to placement. (Contact Janika Cheers for assistance at [jcheers@mdek12.org](mailto:jcheers@mdek12.org)). If a student is being *initially* placed in a facility, the district **must** submit:

- a *letter of justification* indicating why placement is necessary,
- copy of the determination of eligibility and
- a copy of the ESY page from the IEP.

For initial placement of students who are wards of the State (DHS/CPS placement),

- a *letter of justification* addressing why the ESY decision was made after April 15<sup>th</sup>,
- a copy of the student's court order,
- a copy of the determination of eligibility and
- the student's completed ESY page must be submitted.

**(No exceptions will be granted for the process outlined above)**

**NOTE:**

- **It is the responsibility of the district or facility to ensure that student eligibility dates remain current for the entire length of the ESY program.**
- **If prior approval for initial placement is not granted, districts and facilities will not be reimbursed.**

For reimbursement, Educable Child Transportation forms for wards of the state (DHS and CPS placed students) must be submitted as a part of the reimbursement request with total cost indicated on Form J. The cost for student transportation should be included in Private Placement line on Form I.

If the facility will be closed at any time during the ESY timeframe and the student must be transported home, state the dates of the facility closure(s), the mode(s) of transportation, and the costs of the transportation. State transportation funds must be utilized for any such services before calculating and listing this cost. Any trip home due to the closing of the facility at the end of the “regular” school year will be a part of the third quarter cost under the Educable Child Program if the student is currently placed and approved for Educable Child Program funds.

If family therapy is included as a related service on a student’s IEP, transportation costs for the required therapy sessions for parents can be reimbursed. List the dates of therapy participation, the mode(s) of transportation and the costs of the transportation at the state mileage rate of \$ .56 per mile.

**FORM G: ESY Roll**

To complete Form G for each student receiving ESY services, including those served in Educable Child facilities, list:

- Name of student in alphabetical order by last name
- MSIS ID number
- Student’s Date of Birth
- Current Eligibility Date
- Eligibility Category of Student (AU, D/B, DD, EmD, HI, ID, L/S, MD, OI, OHI, SLP, TB, VI)
- Beginning Date of Services (Must be after the last day of school for the home district)
- Ending Date of Services (Must be prior to the first day of school for the home district)
- Total number of days the student will receive ESY services.
- Total number of hours for ESY services per student via face-to-face or virtual instruction.
- Basis of the decision to provide ESY services
  - R/R Regression without Recoupment of mastered skills

- CPI 1 Critical Point of Instruction 1
- CPI 2 Critical Point of Instruction 2
- EC Extenuating Circumstances as justified by the IEP Committee.
- Location of services
- Name of teacher(s) providing ESY instruction to include those at the private facility
- Indicate whether a teacher’s aide is to be utilized to assist in providing services by entering Yes or No.
- Related services to be provided (i.e., OT, PT, Speech/Language, etc.)
- Name of person providing related services
- Indicate whether transportation is necessary by bus (B) or private carrier (PC)
- NOTES:
  - The amount of time, date(s), and/or location of services will vary based on individual student needs.
  - Student ESY IEP pages must be kept on file in the district for audit and monitoring purposes.
  - It is the responsibility of the district or facility to ensure that eligibility dates remain current for the entire length of the ESY program.

### **FORM H: ESY SERVICE PROVIDER LISTING**

List all service providers alphabetically by last name (including private service providers and private placement personnel) who will be providing ESY instruction/services. Indicate the position of each person listed (i.e., teacher, aide, bus driver, OT, custodian, etc.). List the license number for each teacher and each service provider. Those positions not requiring a license or certificate may be marked N/A. A copy of a valid license for each teacher and service provider including private school placement personnel must be submitted with your ESY application. Copies of licenses must also be provided for those personnel who are providing services through an agency. Before reimbursement will be processed, copies of valid licenses must be on file. List the number of students served by each provider and total number of hours each provider will work during ESY. Ensure the license or certificate is *valid through the duration of the ESY program*. It is the *responsibility of the district or facility* to update certificates and licenses – failure to provide updates will result in non-reimbursement for that position.

### **FORM I: REQUEST FOR REIMBURSEMENT**

The deadline for submitting reimbursement requests is September 30, 2021. In order to be reimbursed, all costs for ESY services must have been expended as evidenced by an expenditure report from the district’s software package. The Request for Reimbursement Form I, along with the Private Placement Reimbursement Form J must report **actual** costs. Failure to submit documentation as required may result in non-reimbursement or delayed reimbursement.

**NOTE: Updated student eligibility determination forms and updated licenses or certificates for personnel must accompany the Reimbursement Request Forms I and J. It is the district or facility's responsibility to ensure that all eligibilities, IEPs, certificates, and licenses are current for the ESY session. These documents must be kept on file for audit or monitoring purposes.**

### **FORM J: PRIVATE PLACEMENT REIMBURSEMENT**

On the Form J, list the names of the students in alphabetical order by last name who received ESY services in an Educable Child Approved Facility (see list beginning on page 44). **Facilities must submit proof of attendance to comply with *State Board Policy 9.2, Chapter 9: Attendance Reporting Rule 9.2* (see page 40).**

Students who were not originally listed in the approved ESY application must have been approved by OSE prior to receiving services attach the appropriate documentation which has been previously approved by MDE OSE Educable Child staff. If a student is being *initially* placed in a facility to receive ESY services, approval must be received from MDE prior to placement to ensure the facility meets approval status according to regulations following the Educable Child process.(Contact Janika Cheers for assistance at [jcheers@mdek12.org](mailto:jcheers@mdek12.org)).

If a student is being *initially* placed in a facility, the district **must** submit:

- a *letter of justification* indicating why placement is necessary,
- copy of the determination of eligibility and
- a copy of the ESY page from the IEP.

For initial placement of students who are wards of the State (DHS/CPS placement),

- a *letter of justification* addressing why the ESY decision was made after April 15<sup>th</sup>,
- a copy of the student's court order,
- a copy of the determination of eligibility and the student's completed ESY IEP page must be submitted.

### **AN APPROVED EDUCABLE CHILD APPLICATION MUST BE ON FILE.**

**Forms I and J, along with an expenditure report from the District's accounting software package must be uploaded to SharePoint by close of business on September 30, 2021 (along with any revised forms needed). Facilities must submit proof of attendance to comply with *State Board Policy 9.2, Chapter 9: Attendance Reporting Rule 9.2* (see page 40). An email must be sent to Roscoe Jones ([rjones@mdek12.org](mailto:rjones@mdek12.org)) by close of business on September 30, 2021 notifying him that the reimbursement request has been uploaded to SharePoint.**

## **OPTIONAL FORMS**

**\*Do Not submit with Application**

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

### **FORM K: SUMMER SCHEDULE FOR EACH TEACHER**

Complete a form for each teacher who will provide ESY services. Indicate the specific date(s) that instruction will be provided by the individual and the number of hours of instruction for each date. If a teacher travels to provide itinerant services, list the number of hours/minutes of travel time. Remember, actual mileage shall be calculated from the official duty station and back or the actual miles traveled, whichever is less. The most direct route to a destination should be claimed for reimbursement purposes. Also, total the number of days of instruction and the number of hours of instruction. Total the amount of travel, if applicable.

### **FORM L: SUMMER SCHEDULE FOR EACH SERVICE PROVIDER**

Complete this form for each private service provider. List the specific date(s) of instruction and the number of hours of service for each date. Based on the contract between the district and the provider, travel time for itinerant services may be included in the number of hours of service. If the district has agreed to pay for travel time, add the amount of travel AND instruction time and indicate the sum in the column titled "Number of Hours Per Date". Also, total the number of days and the number of hours of services.

### **FORM M: ESY BUS TRANSPORTATION**

List the driver of each bus and students to be transported. Complete the formula for each bus to be used in the ESY program. The miles per day multiplied by the number of days will give the total number of miles. Next, multiply the total number of miles by the state mileage rate of \$ .56 per mile to obtain the total cost. The total of these costs will be entered onto Form E-2.

### **FORM N: ESY PARENT OR PRIVATE CONTRACT TRANSPORTATION**

Complete Form N if students are to be transported by parent or private contract. List the driver of each car or private carrier and the name of the student. Complete the formula as indicated on Form M for each car or private carrier. The current state mileage rate is \$ .56 per mile. The number of days utilized in the formula should not exceed the number of days being served. The total of these costs will be entered onto Form E-2.

### **Form O: ITINERANT TEACHER TRAVEL**

If a teacher is providing home-based or community-based services to a student indicate the teachers' and students' names and complete the formula as indicated on Form M. The number of days utilized in the formula should not exceed the total number of days served for students receiving services in a home or community-based setting. The total of these costs will be entered onto Form E-2.

### **Form P: ESY SALARY WORKSHEET**

#### **Personnel Providing Services**

In Section A, specify the name and position of each person who will be paid a salary for ESY services, including teachers, aides, contractual personnel, administrators, and bus drivers to include fringe benefits.

In Section B, utilizing the corresponding number of those listed in Section A, compute each person's salary. The rate formula for teachers must be based on the Mississippi Adequate Education Program (MAEP) salary, excluding the local supplement, for the 2020-2021 school year and the number of hours of instruction provided. **Administrative salaries** must be based on 2020-2021 contract period and the salary paid during the previous regular school year. **Teacher aides, janitors, bus drivers and bus aides** must be reimbursed at no more than the hourly rate paid during the regular school year. Salaries for **other personnel (physical therapists, occupational therapists, etc.)** should be computed at no more than the rate of pay per hour used to compute the salary for the regular school year. Due to rate increases of private providers, it may be necessary to pay more for services in the summer than the amount paid during the regular school year.

The following formulas must be used in determining salary rates:

#### **Teacher's Salary Rate**

The total MAEP salary is \$ \_\_\_\_\_, excluding the local supplement, divided by \_\_\_\_\_ instructional days in the regular year, divided by \_\_\_\_\_ instructional hours per day in the regular year. The ESY hourly rate of pay will be \$ \_\_\_\_\_.

#### **Administrator's Salary Rate**

The administrator is on a \_\_\_\_\_ month contract that began \_\_\_\_\_, 2020, and ends \_\_\_\_\_, 2021. The total salary of \$ \_\_\_\_\_ for the regular year is divided by \_\_\_\_\_ number of days in the regular year, divided by \_\_\_\_\_ hours per day in the regular year. The hourly rate of pay will be \$ \_\_\_\_\_. The ESY contract begins \_\_\_\_\_, 2020 and ends \_\_\_\_\_, 2021, and will pay for \_\_\_\_\_ days, \_\_\_\_\_ hours per day, for a total salary of \$ \_\_\_\_\_.

**Contractual (teacher aide, therapist, janitorial) Salary Rate**

The hourly rate of \$\_\_\_\_\_ is based on the rate the district paid during the regular school year.

**Contractual (private provider) Salary Rate**

The daily rate of \$\_\_\_\_\_ is based on current rate of provider.

**Driver's or Bus Aide's Salary Rate**

The daily rate is the regular salary \$\_\_\_\_\_ divided by \_\_\_\_\_ instructional days in the regular school year. Salaries are to be computed at no more than the daily rate paid during the regular school year.

**The following examples are situations in which salaries may be paid through the ESY project:**

- (a) A school normally closed must be opened for three ESY classes operating a half-day (4 hours per day) from July 5 to July 16. The principal of that school is on a ten-month contract (ending June 30) and is **NOT** expected to work during July. If the principal is required to be on duty in that building while the three ESY classes are meeting, the salary for that administrator may be paid through ESY project. The salary for 10 days, 4 hours per day, would be calculated based on the principal's hourly salary for the regular ten months and the 40 hours of ESY duty. Fixed charges would be calculated based on the percentage paid during the regular school term. ESY funding cannot be considered a method to pay part of a principal's salary for the summer.
- (b) Janitorial services are not normally provided during the summer for the building that must be open for ESY classes. Classes will operate for ten days (2 weeks), two hours each day. Estimates are that it will take a janitor one hour per day, two days per week, to clean the classrooms and a restroom. It is allowable to include in the budget that janitor's salary and fixed charges for the two hours per week at the hourly rate paid during the school year.

After calculating the salary rate, enter the amount in (a). Indicate the total number of hours or total trips in (b). The total number of hours must match the total indicated for the individual on Form E-1. For bus driver(s) or bus aide(s), be sure the number of hours is appropriate for the number of days and miles indicated on Form M. Multiply [(a) times (b)] these totals to obtain the total salary amount and enter this amount in (c). If fringe benefits will be paid, complete (d) through (f). Fixed charges are to be calculated based on the percentage paid during the regular school term. Add the amounts in (c) through (f) to obtain the total salary amount and enter the sum in (g).

The **TOTAL** number of hours for each person providing instruction should match the total number of hours addressed on Form K and Form L. A total of all personnel services should be indicated.

2020-2021  
Extended School Year  
Application

# Required Forms



# FORM A

## COVER PAGE EXTENDED SCHOOL YEAR APPLICATION SUMMER 2021 (SY 2020-2021)

<b>A. SCHOOL DISTRICT:</b>	<b>DISTRICT CODE:</b>
----------------------------	-----------------------

**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)			
		<b>TOTAL</b>	

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

<b>E. ESTIMATED OVERALL COSTS:</b>	
<b>Salaries</b>	\$
<b>Travel/Transportation</b>	\$
<b>Contractual Services</b>	\$
<b>Materials/Supplies/Commodities</b>	\$
<b>Private Placement to include Transportation</b>	\$
<b>Other</b>	\$
<b>Total</b>	\$

**APPROVAL:**

\_\_\_\_\_  
Division Director Date

\_\_\_\_\_  
Office Director, District Fiscal Services Date

\_\_\_\_\_  
Bureau Director, District Fiscal Services Date

<p><b>PROJECTED APPROVAL AMOUNT:</b></p> <p style="font-size: 1.2em;">\$ _____</p>
--

## FORM B

### COVER PAGE AMENDMENT (if applicable) EXTENDED SCHOOL YEAR APPLICATION AMENDMENT REQUEST NUMBER \_\_\_\_\_ SUMMER 2021 (SY 2020-2021)

<b>A. SCHOOL DISTRICT:</b>	<b>DISTRICT CODE:</b>
----------------------------	-----------------------

**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)			
		<b>TOTAL</b>	

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:

5. This estimated budget for the ESY has been computed in accordance with Mississippi Department of Education regulations and guidelines.
6. 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).
7. 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.
8. 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

<b>E. ESTIMATED OVERALL COSTS:</b>	
<b>Salaries</b>	\$ _____
<b>Travel/Transportation</b>	\$ _____
<b>Contractual Services</b>	\$ _____
<b>Materials/Supplies/Commodities</b>	\$ _____
<b>Private Placement to include Transportation</b>	\$ _____
<b>Other</b>	\$ _____
<b>Total</b>	\$ _____

**APPROVAL:**

\_\_\_\_\_  
Division Director Date

\_\_\_\_\_  
Office Director, District Fiscal Services Date

\_\_\_\_\_  
Bureau Director, District Fiscal Services Date

**PROJECTED APPROVAL AMOUNT:**

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

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

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

**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.

<b>Salaries/Fringes</b>		
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.		
<b>Name of Personnel (Alphabetical by Last Name)</b>	<b>Position</b>	<b>Projected Salaries to include Fringe Benefits</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
<b>Total for Salaries, Wages, Fees and/or Fringes:</b>		<b>\$</b>

## 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	
<b>TOTAL</b>							

### 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		
<b>TOTAL</b>							

### Itinerant Personnel

Itinerant Teacher	Miles per day	# of days	Total Miles	Mileage Rate	Total
				\$ .56	
				\$ .56	
				\$ .56	
				\$ .56	
				\$ .56	
				\$ .56	
				\$ .56	
				\$ .56	
				\$ .56	
<b>TOTAL</b>					

Grand Total Form E-2 \$ \_\_\_\_\_  
 (Enter on Form D as Travel/Transportation)

**FORM E-3**  
**ESY**  
**PROJECTED BUDGET NARRATIVE**  
**Summer 2021 (SY 2020-2021)**

<b>CONTRACTUAL SERVICES</b>					
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.					
<b>Contractual Personnel</b> <small>(Alphabetical by Last Name)</small>	<b>Service Provided</b>	<b>Number of Hours</b>	<b>Hourly Rate</b>	<b>Number of Students Served</b>	<b>Amount Requested</b>
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$
9.					\$
10.					\$
11.					\$
12.					\$
13.					\$
14.					\$
15.					\$
<b>Total for Contractual Services</b>					<b>\$</b>

**Form E-4**  
**ESY**  
**PROJECTED BUDGET NARRATIVE**  
**Summer 2021 (SY 2020-2021)**

Materials/Supplies/Commodities

Use 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
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
11.			\$
12.			\$
13.			\$
14.			\$
15.			\$
<b>Total for Materials/Supplies/Commodities:</b>			<b>\$</b>



**Form E-5**

**ESY  
PROJECTED BUDGET NARRATIVE  
Summer 2021 (SY 2020-2021)**

<b>Other</b>	
<p>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.</p>	
<b>Other:</b>	<b>Amount Requested:</b>
<b>Total for Other:</b>	\$

**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 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) <i>**Only Amounts Included for Private Placement Total**</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>Educational Total:</b>		<b>Residential Tuition Total:</b>		<b>Transportation Total:</b>

**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 ID NUMBER	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 Justification	Location of Services	TEACHER	Aide Required Yes/No	List Related Services	Related Service Provider(s)	Transportation Bus(B)/Private Carrier (PC)
									R/R CPI 1 CPI2 EC						
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
<b>TOTAL NUMBER OF STUDENTS SERVED</b>															

**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
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					

# 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

Salaries	\$
Travel/Transportation	\$
Contractual Services	\$
Materials/Supplies/Commodities	\$
Private Placement to include Transportation	\$
Other	\$
<b>Total</b>	<b>\$</b>

<b>FOR MDE USE ONLY</b>	
<b>Approved for Payment:</b>	
\$ _____	
_____ Division Director	_____ Date
_____ Office Director	_____ Date
_____ Bureau Director	_____ Date
_____ Grants Management	_____ Date

### B. STUDENT INFORMATION

Disability Category	Number Served
Autism (AU)	
Deaf/Blind (D/B)	
Developmentally Delayed (DD)	
Emotional Disability (EmD)	
Hearing Impairment (HI)	
Intellectual Disability (ID) []	
Language/Speech Impairment (S/L)	

Disability Category	Number Served
Multiple Disabilities (MD)	
Orthopedic Impairment (OI)	
Other Health Impairment (OHI)	
Specific Learning Disability (SLD)	
Traumatic Brain Injury (TBI)	
Visually Impaired (VI)	
<b>TOTAL</b>	

**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](mailto: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.

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

NAME OF STUDENT (Alphabetical by Last Name)	MSIS ID Number	*Current Eligibility Date	Date of Birth	**Beginning Date of Services	***Ending Date of Services	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	\$	\$	\$	
5								\$ 159.53	\$	\$	\$	
6								\$ 159.53	\$	\$	\$	
7								\$ 159.53	\$	\$	\$	
8								\$ 159.53	\$	\$	\$	
9								\$ 159.53	\$	\$	\$	
10								\$ 159.53	\$	\$	\$	
TOTAL									\$	\$	\$	

**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)**

<b>NAME OF TEACHER:</b>									
<b>JUNE</b>			<b>JULY</b>				<b>AUGUST</b>		
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

<b>TOTAL NUMBER OF DAYS</b>		<b>TOTAL HOURS OF INSTRUCTION</b>		<b>TOTAL TRAVEL HOURS</b>	
<b>GRAND TOTAL OF HOURS OF INSTRUCTION AND TRAVEL</b>					

**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

<b>TOTAL NUMBER OF DAYS</b>		<b>TOTAL HOURS OF SERVICES</b>	
-----------------------------	--	--------------------------------	--

**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)

#### A. PERSONNEL

NAME	POSITION	Projected Total Salary to include Fringe Benefits
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

#### B. SALARY CALCULATION FOR EACH SERVICE PROVIDER

Compute each salary using the formula for each individual.

<b>PERSONNEL 1.</b>	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	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 ( <b>Add c+d+e+f</b> )	\$ _____

<b>PERSONNEL 2.</b>	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	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 ( <b>Add c+d+e+f</b> )	\$ _____

<b>PERSONNEL 3.</b>	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	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 ( <b>Add c+d+e+f</b> )	\$ _____

**Continued**

<b>PERSONNEL 4.</b>	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	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 ( <b>Add c+d+e+f</b> )	\$ _____

<b>PERSONNEL 5.</b>	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	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 ( <b>Add c+d+e+f</b> )	\$ _____

<b>PERSONNEL 6.</b>	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	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 ( <b>Add c+d+e+f</b> )	\$ _____

<b>PERSONNEL 7.</b>	a) Hourly Rate, Session Rate, or Daily Rate	\$ _____
Rate Formula	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 ( <b>Add c+d+e+f</b> )	\$ _____

<b>PERSONNEL 8.</b>	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 ( <b>Add c+d+e+f</b> )	\$ _____

**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).<sup>1</sup>
  - For in-person attendance, consistent with existing regulations, a student will be marked present or absent.<sup>2</sup>
  - 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),<sup>3</sup> 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.<sup>4</sup>

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

1. In-Person Mode (Traditional)
  - a. Hours at school<sup>5</sup>

---

<sup>1</sup> 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.

<sup>2</sup> *See* Miss. Code. Ann. §§ 37-13-91 and 37-151-5(j)

<sup>3</sup> 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).

<sup>4</sup> LEAs shall describe their local board-approved attendance policies and what constitutes authentication and engagement to verify attendance in a virtual learning environment.

<sup>5</sup> 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



- b. Reporting
    - i. Report attendance in Local SIS<sup>6</sup> **daily**
    - ii. Report attendance to MSIS<sup>7</sup> **monthly**
2. Mixed Mode (Hybrid)
    - a. Designate in MSIS which days of attendance are counted via which mode (**daily** or **weekly**)
  3. Synchronous<sup>8</sup> 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<sup>9</sup> 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

---

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.

<sup>6</sup> Student Information System

<sup>7</sup> Mississippi Student Information System

<sup>8</sup> Synchronous instruction: two-way, real-time/live, virtual instruction between teachers and students when students are not on campus.

<sup>9</sup> Asynchronous instruction: instruction that does not require having the instructor and student engaged at the same time.

- 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)<sup>10</sup>

- 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<sup>11</sup> **weekly**
  - ii. Report attendance to MSIS<sup>12</sup> **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.

---

<sup>10</sup> 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.

<sup>11</sup> Student Information System

<sup>12</sup> Mississippi Student Information System

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	<a href="mailto:leslie.lee@uhsinc.com">leslie.lee@uhsinc.com</a>	3531 Lakeland Drive Flowood, MS 39232	601-936-2024	601-936-7863
CARES, School	Maureen Long, Principal	<a href="mailto:mary.long@mycanopy.org">mary.long@mycanopy.org</a>	402 Wesley Avenue Jackson, MS 39202	601-360-0583	601-709-5527
CARES, School-Hattiesburg	Dr. Robin Davis, Principal	<a href="mailto:robin.davis@mycanopy.org">robin.davis@mycanopy.org</a>	6752 US Hwy 98 Hattiesburg, MS 39402	601-264-0200	601-264-7733
Crossroads-Meridian	Rae Andreacchio, Director	<a href="mailto:rae.andreacchio@uhsinc.com">rae.andreacchio@uhsinc.com</a>	5000 Hwy 39 North Meridian, MS 39301	601-483-6211	601-483-5452
Diamond Grove Center	Susan Watts, Principal	<a href="mailto:susan.watts@uhsinc.com">susan.watts@uhsinc.com</a>	2311 Hwy 15 South Louisville, MS 39339	662-779-0119	662-779-0151
Gulf Oaks Therapeutic Day School	Jim Baldree, Principal	<a href="mailto:james.baldree@hma.com">james.baldree@hma.com</a>	180-C DeBuys Rd. Biloxi, MS 39531	228-388-0679	228-388-0657
Magnolia Speech	Valerie Linn, Principal Beverly Cunningham	<a href="mailto:valerie.linn@magnoliaspeechschool.org">valerie.linn@magnoliaspeechschool.org</a> <a href="mailto:beverly.cunningham@magnoliaspeechschool.org">beverly.cunningham@magnoliaspeechschool.org</a>	733 Flag Chapel Rd. Jackson, MS 39209	601-922-5530	601-922-5534
Memphis Oral School for the Deaf	Shelly Crais, Principal	<a href="mailto:scrais@mosdkids.org">scrais@mosdkids.org</a>	7901 Poplar Ave. Germantown, TN 38138	901-758-2228	901-531-6735
Millcreek-Batesville	Barry Goolsby, Principal Ed Hood, CEO	<a href="mailto:barry.goolsby@millcreekofpontotoc.com">barry.goolsby@millcreekofpontotoc.com</a> <a href="mailto:ed.hood@acadiahealthcare.com">ed.hood@acadiahealthcare.com</a>	171 Buckhorn Rd. Batesville, MS 38620	662-563-1442 662-488-8878	662-563-1445 662-488-8767
Millcreek-Golden Triangle	David Poss, Principal Ed Hood, CEO	<a href="mailto:david.poss@millcreekofpontotoc.com">david.poss@millcreekofpontotoc.com</a> <a href="mailto:ed.hood@acadiahealthcare.com">ed.hood@acadiahealthcare.com</a>	1380 Motley Rd Columbus, MS 39701	662-657-1090	662-657-1093
Millcreek-Greenville	Brenda Henderson, Principal Ed Hood, CEO	<a href="mailto:brenda.henderson@millcreekofpontotoc.com">brenda.henderson@millcreekofpontotoc.com</a> <a href="mailto:ed.hood@millcreekofpontotoc.com">ed.hood@millcreekofpontotoc.com</a>	1656 Union Street Greenville, MS 38701	662-332-5360 662-488-8878	662-332-5363 662-488-8767
Millcreek-Kosciusko	Roger Hill, Principal	<a href="mailto:roger.hill@millcreekofpontotoc.com">roger.hill@millcreekofpontotoc.com</a>	162 Aponaug Road Kosciusko, MS 39090	662-289-7902	662-289-7905

Millcreek-Magee	Josh Yeager, Principal	<a href="mailto:josh.yeager@millcreekcenters.com">josh.yeager@millcreekcenters.com</a>	P. O. Box 1160 Magee, MS 39111	601-849-4221	601-849-6962
Millcreek-Meadville	Letha Presley, Principal	<a href="mailto:letha.presley@millcreekofmagee.com">letha.presley@millcreekofmagee.com</a>	P. O. Box 864 Meadville, MS 39653	601-384-3884	601-384-3886
Millcreek-Newton	Mike Spence, Principal	<a href="mailto:mike.spence@millcreekofmagee.com">mike.spence@millcreekofmagee.com</a>	800 Decatur Street Newton, MS 39345	601-683-7208	601-683-7438
Millcreek-Pearl	William Lawson, Principal	<a href="mailto:william.lawson@millcreekofmagee.com">william.lawson@millcreekofmagee.com</a>	P. O. Box 2338 Clinton, MS 39060	601-326-7762	601-326-7765
Millcreek-Pontotoc	Vince Jordan, Principal Ed Hood, CEO	<a href="mailto:vince.jordan@millcreekofpontotoc.com">vince.jordan@millcreekofpontotoc.com</a> <a href="mailto:Ed.Hood@acadianhealthcare.com">Ed.Hood@acadianhealthcare.com</a>	P. O. Box 619 Pontotoc, MS 38863	662-488-8878	662-488-8767
Nativity B.V.M. Elementary School	Traci Kessler, Principal	<a href="http://www.nativitybvm.org/">http://www.nativitybvm.org/</a>	1046 Beach Blvd. Biloxi, MS 39530	228-432-2269	228-432-9421
New Summit School	Roy Balentine, Principal	<a href="mailto:rbalentine@nlr-sd.com">rbalentine@nlr-sd.com</a>	1417 Lelia Drive Jackson, MS 39216	601-982-7827	601-982-0080
North New Summit School- Greenwood	Keith Davis, Principal	<a href="mailto:kdavis@newsummitschool.com">kdavis@newsummitschool.com</a>	1203 Sgt. John Pittman Dr. Greenwood, MS 39402	662-451-5398	662-457-1150
Our Lady of Lourdes	Christie Jonley	<a href="mailto:cjonley@stjoeirish.org">cjonley@stjoeirish.org</a>	1501 VFW Rd. Greenville, MS 38701	662-334-3287	662-332-9877
Park Academy	Jillene Poole, Principal	<a href="mailto:jillene.poole@uhsinc.com">jillene.poole@uhsinc.com</a>	8135 Goodman Road Olive Branch, MS 38654	662-893-7104	662-893-7078
St. Joseph- Greenville	Craig Mandolini, Principal	<a href="mailto:cmandolini@stjoeirish.org">cmandolini@stjoeirish.org</a>	1501 VFW Rd. Greenville, MS 38701	662-378-9711	662-378-3496
St. Richard School	Jennifer David, Principal	<a href="mailto:j david@strichardschool.org">j david@strichardschool.org</a>	100 Holly Dr. Jackson, MS 39206	601-366-1157	601-366-4344