



NEW YORK STATE EDUCATION DEPARTMENT SCHOOL IMPACT FORM

Note: The district must complete this form for each school that will be impacted as a result of the split, merge or other grade configuration of an existing school. This includes any school that receives or transfers students as a result of another school's phase-down, phase-out or closure.

School District:*	
Name of Impacted School:	
BEDS Code:	
Building/Facility Code: Found on the Certificate of Occupancy	
Current Accountability Status:	
Previous Year's Accountability Status:	

***For NYC Only** – If an Educational Impact Summary has been published, please submit it in lieu of the School Impact Form. If an Educational Impact Summary has not been published, then a School Impact Form must be completed.

STUDENT ENROLLMENT IN CURRENT OR RECEIVING

1. Please enter student enrollment projections by grade for the current and upcoming school years to document the potential impact of the change in the school's registration status.

	Number														
	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded	Total
Current Grade Enrollment															
Average Class Size															
New Grade Enrollment as a result of the change(s)															
New Average Class Size as a result of the change(s)															

2. Please explain how new and displaced students will be assigned to public schools following the split/merge/new grade configuration.
Please describe if the school will require any special admissions criteria or implement any admissions procedures? For example, will an application be required prior to enrollment? Are there any particular admissions preferences? Are any groups of students excluded from admissions? Please provide an explanation on a separate sheet of the definition for this school's enrollment process.

3. If grades are being added to a school, please identify the district schools from which students will transfer for the new grade level(s).
Please provide the school's information). Also indicate the number of students who will transfer from outside the district schools.

School Name	BEDS Code	Grade Level(s)	# of Students	Accountability Status
Outside of District				

4. If grades are being removed, please identify the district schools where the students from the impacted grade level(s) will be transferred.
Please provide the school's information. Also indicate the number of students who will transfer from outside the district schools.

School Name	BEDS Code	Grade Level(s)	# of Students	Accountability Status
Outside of District				

5. Will the school serve **English language learners (ELL)**, **students with disabilities (SWD)**, students who are **economically disadvantaged (ED)** and/or **other** at-risk populations?
 Yes No

If yes, please indicate the intended enrollment in the tables below. In addition, please provide an explanation on a separate sheet about how these groups will be served over time.

	Current # Enrolled	Current % Enrolled	# at Current Level of Proficiency in ELA				# at Current Level of Proficiency in Math				New # Enrolled	New % Enrolled	# at Anticipated Combined Level of Proficiency					
			1	2	3	4	1	2	3	4			1	2	3	4		
SWD																		
ELL																		
ED																		
Other																		

How will the school's ELL student population compare to the overall district population? Will the school serve a higher, lower, or comparable percentage of ELL students than other schools in the district?	Higher <input type="checkbox"/>	Lower <input type="checkbox"/>	Comparable <input type="checkbox"/>
How will the school's SWD student population compare to the overall district population? Will the school serve a higher, lower, or comparable percentage of SWD students than other schools in the district?	Higher <input type="checkbox"/>	Lower <input type="checkbox"/>	Comparable <input type="checkbox"/>
How will the school's ED student population compare to the overall district population? Will the school serve a higher, lower, or comparable percentage of ED students than other schools in the district?	Higher <input type="checkbox"/>	Lower <input type="checkbox"/>	Comparable <input type="checkbox"/>

If no, please provide an explanation on a separate sheet about how these groups will be served by the district of location.

STAFF INFORMATION

6. Please provide the name of the proposed principal, as well as his/her most recent school employment history. Also, **attach a resume*** to indicate the school leader's employment history/schooling.

Principal Name	Last Two Schools of Employment	# of Years	BEDS Code	Current Accountability

*Only required if the individual served at the school as the school leader/principal for more than five years.

7. If grades or sections to current grades are being added as a result of school(s) being merged, please identify the district schools from which teachers will transfer for the new/additional grade level(s)/sections.

Please provide the school's information). Also indicate the number of first-year teachers and any non-certified teachers as well as teachers who will transfer from outside the district schools.

School Name	BEDS Code	Number of Teachers	Current Accountability	Accountability Status for Previous
First-Year Teachers				
Non-Certified Teachers				
Outside of District				

8. Please indicate the total **number of teachers** separated by grade level, as well as the number of first-year teachers, for the current and upcoming school years to document the anticipated impact of the change in school registration status.

Grade	Current School Year	Upcoming School Year
K		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
SWD		
ELL		
First-Year Teachers		
Total		

CURRICULUM

9. Will the school provide all students with instruction in the learning standards, administer mandated State tests or approved alternatives, and provide at least 180 days of instruction, as is required by Commissioner's Regulations?

Yes No

If no, please provide an explanation on a separate sheet about how these students will be served by the district of location to ensure that the school will perform at or above proficiency levels in all subject areas, every school year.

10. Will the school's curriculum be modeled on one that is currently being implemented in another school that has been identified for improvement?

Yes No

If yes, please identify the school(s) and the core component(s) that will be shared over time.

Subject	School Name	BEDS Code	Current Accountability Status	Curriculum	Components	Grades
<i>Example: ELA</i>	<i>ABC School</i>	<i>123456789012</i>	<i>In Good Standing</i>	<i>Core Knowledge</i>	<i>Writing: Text types, responding to reading</i>	<i>K-8</i>
ELA						
Math						
Science						
Social Studies						

11. Will any sources of curriculum currently being implemented in the school change as a result of the anticipated change in school registration and/or its status.

Yes No

If yes, please identify the component(s) that will be changed over time.

Subject	Curriculum	Components	Grades
<i>Example: ELA</i>	<i>Core Knowledge</i>	<i>Writing: Text types, responding to reading</i>	<i>K-8</i>
ELA			
Math			
Science			
Social Studies			