Receivership Schools ONLY

Quarterly Report #2: *October 16, 2017 to January 12, 2018*

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| School Name | School BEDS Code | District | Lead Partner or EPO if applicable | Hyperlink to where this report will be posted on the district website: |
|  |  |  |  | Check which plan below applies: |
| SIG Cohort if applicable (4, 5, 6, or 7?):  | SCEP  |
| Superintendent/EPO | School Principal | Additional District Staff working on Program Oversight  | Grade Configuration | High School Graduation Rate (If applicable, please provide the most recent graduation rate data available.): | % ELL | % SWD | Total Enrollment |
|  | \*If new, attach resume. |  |  |  |  |  |  |
| Appointment Date: |

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| **Executive Summary** |
| Please provide a *plain-language summary* of this quarter in terms of implementing key strategies, engaging the community, enacting Receivership, and assessing Level 1 and Level 2 indicator data. The summary should be written in terms easily understood by the community-at-large. Please avoid terms and acronyms that are unfamiliar to the public, and limit the summary to *no more than 500 words*.  |

***Attention*** – This document is intended to be completed by the School Receiver and/or its designee and submitted electronically to OISR@NYSED.gov. It is a self-assessment of the implementation and outcomes of key strategies related to Receivership, and as such, should not be considered a formal evaluation on the part of the New York State Education Department. This document also serves as the Progress Review Report for Receivership schools receiving Persistently Struggling School (PSSG), School Improvement Grant (SIG), and Community School Grant (CSG) funds. Additionally, this document serves as the quarterly reporting instrument for Receivership schools with School Comprehensive Education Plans (SCEP). The Quarterly Report, in its entirety, must be posted on the district web-site.

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***Directions for Parts I and II*** - District and school staff should respond to the sections of this document by both analyzing and summarizing the key strategies of the first quarter in light of their realized level of implementation and their impact on student learning outcomes. The District should ensure the key strategies address the needs of all learners, particularly the needs of subgroups of students and those at risk for not meeting the challenging State academic standards. District and school staff should consider the impact of proposed key strategies on student learning, as well as the long-term sustainability and connectivity of those key strategies to diagnostic review feedback.

Part I – *Demonstrable Improvement Indicators (Level 1)*

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| Identify Indicator # and Name | Baseline | 2017-18Progress Target | Status(R/Y/G) | Based on the current implementation status, does the school expect to meet the 2017-18 progress target for this indicator? For each Level 1 indicator, please answer yes or no below. | What are the SCEP/SIG goals and or key strategies that have supported progress made in meeting this indicator? Describe adjustments made to key strategies since the approval of the 17-18 continuation plan and a rationale as to why these adjustments were made. | List the formative data points being used to assess progress towards meeting the target for this indicator?  | Based upon those formative data points, provide quantitative and/or qualitative statement(s) that demonstrate impact towards meeting the target.  |
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| **Green** | Expected results for this phase of the project are fully met, work is on budget, and the school is fully implementing this strategy *with impact*. | **Yellow** | Some barriers to implementation / outcomes / spending exist; with adaptation/correction school will be able to achieve desired results. | **Red** | Major barriers to implementation / outcomes / spending encountered; results are at-risk of not being realized; major strategy adjustment is required. |

Part II – *Demonstrable Improvement Indicators (Level 2)*

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| Identify Indicator # and Name | Baseline | 2017-18Progress Target | Status(R/Y/G) | Based on the current implementation status, does the school expect to meet the 2017-18 progress target for this indicator? For each Level 2 indicator, please answer yes or no below. | What are the SCEP/SIG goals and or key strategies which have supported progress made in meeting this indicator? Describe adjustments made to key strategies since the approval of the 17-18 continuation plan and a rationale as to why these adjustments were made. | List the formative data points being used to assess progress towards meeting the target for this indicator?  | Based upon those formative data points, provide quantitative and/or qualitative statement(s) which demonstrate impact towards meeting the target.  |
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| **Green** | Expected results for this phase of the project are fully met, work is on budget, and the school is fully implementing this strategy *with impact*. | **Yellow** | Some barriers to implementation / outcomes / spending exist; with adaptation/correction school will be able to achieve desired results. | **Red** | Major barriers to implementation / outcomes / spending encountered; results are at-risk of not being realized; major strategy adjustment is required. |

Part III – *Additional* *Key Strategies – (As applicable)*

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| *Key Strategies** Do not repeat strategies described in Parts I and II.
* If the school has selected the SIG 6 or SIG 7 Innovation Framework model, include an analysis of the evidence of the impact of the required lead partner.
* Every school must discuss the use of technology in the classroom to deliver instruction.
 |
| List the Key Strategy from your approved intervention plan (SIG or SCEP), which may also include PSSG and/or CSG initiatives | Status (R/Y/G) | Analysis/Report Out |
| 1. | Use of technology in the classroom to deliver instruction |  |  |
| 2. | EPO (lead partner) for SIG 6 and SIG 7 ONLY |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| **Green** | Expected results for this phase of the project are fully met, work is on budget, and the school is fully implementing this strategy *with impact*. | **Yellow** | Some barriers to implementation / outcomes / spending exist; with adaptation/correction school will be able to achieve desired results. | **Red** | Major barriers to implementation / outcomes / spending encountered; results are at-risk of not being realized; major strategy adjustment is required. |

Part IV – *Community Engagement Team and Receivership Powers*

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| *Community Engagement Team (CET)*Describe the type, nature, frequency and outcomes of meetings conducted this quarter by the CET. Describe the same for sub-committees. Describe specific outcomes of the CET plan implementation; school support provided; and dissemination of information to whom and for what purpose. If the 17-18 CET plan and/or the 17-18 CET membership changed, please attach copies of those updated documents to this report.  |
| Status(R/Y/G) | Analysis/Report Out |
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| *Powers of the Receiver*Describe the use of the School Receiver’s powers (pursuant to CR §100.19) during this reporting period. Discuss the goal of each power and its expected impact.  |
| Status(R/Y/G) | Analysis/Report Out |
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| **Green** | Expected results for this phase of the project are fully met, work is on budget, and the school is fully implementing this strategy *with impact*. | **Yellow** | Some barriers to implementation / outcomes / spending exist; with adaptation/correction school will be able to achieve desired results. | **Red** | Major barriers to implementation / outcomes / spending encountered; results are at-risk of not being realized; major strategy adjustment is required. |

Part V – *Community Schools Grant (CSG)*

*(This section needs to be completed by every Receivership school that has applied to receive CSG funds during the 8/1/17 – 6/30/18 budget period.)*

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| *Community Schools Grant (CSG)*As per CR §100.19, Receivership schools receiving CSG funds will submit quarterly written reports to the Commissioner containing specific information about the progress of the planning, implementation, and operations of the CSG and the requirements of the regulations.  |
| Required Activities | Provide updates to each activity with regard to its planning, implementation, or operations. |
| Community-Wide Needs Assessment (if one is being conducted in 17-18) |  |
| To ensure substantial parent, teacher, and community engagement at this school, provide specific details about these three areas for this reporting period:1. public meetings held with parents, teachers, and community members to provide information and solicit input (CR §100.19: held at least quarterly during the school year)
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| 1. written notices and communications provided to parents, teachers, other school personnel, and community members (emails, postings, translated into recipients’ native language)
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| 1. parents, teachers, and community members’ access to Community School Site Coordinator and Steering Committee
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| Steering Committee (challenges, meetings held, accomplishments) |  |
| Feeder School Services (specific services offered and impact) |  |
| Community School Site Coordinator (accomplishments and challenges) |  |
| Programmatic Costs (accomplishments and challenges based on the approved activities on the Attachment C school plan) |  |
| Capital Cost Project(s) (accomplishments and challenges based on the approved activities on the Attachment C school plan) |  |

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| **Green** | Expected results for this phase of the project are fully met, work is on budget, and the school is fully implementing this strategy *with impact*. | **Yellow** | Some barriers to implementation / outcomes / spending exist; with adaptation/correction school will be able to achieve desired results. | **Red** | Major barriers to implementation / outcomes / spending encountered; results are at-risk of not being realized; major strategy adjustment is required. |

Part VI – *Budget*

*(This section should be completed by all schools funded by the Persistently Struggling Schools Grant (PSSG), the School Improvement Grant (SIG), and the Community Schools Grant (CSG). Add rows as needed.)*

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| *Budget Analysis* |
| Identify the grant. | Status(R/Y/G) | If expenditures from the approved 17-18 FS-10 are on target, describe their impact. If there are challenges describe the course correction to be put in place for Quarter 3. |
| PSSG:  |  |  |
| SIG: |  |  |
| CSG:  |  |  |

Part VII*: Best Practices (Optional)*

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| *Best Practices*The New York State Education Department recognizes the importance of sharing best practices within schools and districts. Please take this opportunity to share one or more best practices currently being implemented in the school. It is the intention of the Department to share these best practices with schools and districts in Receivership.  |
| List the best practice currently being implemented in the school. | Describe the significant improvements in student performance, instructional practice, student/family engagement, and/or school climate that the best practice has had. Discuss the analysis of data/evidence to determine the impact. Describe the possibility of replication in other schools.  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

Part VIII – *Assurance and Attestation*

By signing below, I attest to the fact that the information in this quarterly report is true and accurate to the best of my knowledge; and that the all requirements with regard to public hearings and the Community Engagement Teams, as per CR§ 100.19 have been met.

Name of Receiver (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Receiver: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I attest to the fact that the Community Engagement Team has had the opportunity to provide input into this quarterly report, and the opportunity to review, and update if necessary, its 2017-2018 Community Engagement Team plan and membership.

Name of CET Representative (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CET Representative: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_