**THE STATE EDUCATION DEPARTMENT** / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Office of Innovation and School Reform (OISR)

5N EB Mezzanine

Telephone: (518)473-8852

Fax: (518)473-4502

***Non-Receivership SIG Funded Schools - ONLY***

**Final Report:*****January 31, 2018 to April 20, 2018***and **Continuation Plan for the 2018-19 School Year**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| School | | School BEDS Code | District | SIG Model and Cohort | | Required EPO (Restart, Innovation and Reform Framework) | |
|  | |  |  |  | |  | |
| School Principal | | | Superintendent (EPO) | Grade Configuration | Total Enrollment | % ELL | % SWD |
| Name | Date of Appointment | |  |  |  |  |  |
|  | \*If new, attach resume. | |
| District Person Responsible for Program Oversight and Report Validation | Implementation Status of the School as Rated by the District | | Brief Analysis of Rating of Implementation Status | | | | |
| Name and Contact Information | (Red/Yellow/Green) | |  | | | | |
|  |  | |

Key

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. |

***Attention***: The document is intended to be completed by the Superintendent of Schools and/or designee and submitted electronically to [OISR@NYSED.gov](mailto:OISR@NYSED.gov). It is a self-assessment of the implementation and outcomes of key strategies related to the School Improvement Grant (SIG) 1003(g), and as such should not be considered a formal evaluation by the New York State Education Department. This document serves as the Progress Review Report for Non- Receivership schools (*not* Persistently Struggling or Struggling schools), and as the 2018-19 Continuation Plan for Non-Receivership schools. All responses provided under the *“2018-19 School Year Continuation Plan”* heading should directly align with or be adaptations to the approved SIG plan. ***Note:*** Schools that will no longer receive SIG funds during the 2018-19 school year should ***NOT*** complete the Continuation Plan portion of this form.

***Directions*** - District and school staff should respond to the *Analysis/Report Out* sections by both analyzing and summarizing the key strategies used during this reporting period in light of their realized level of implementation and their impact on student learning outcomes. *2018-19 Continuation Plan* sections provide staff with an opportunity to describe proposed actions and adaptations to the original SIG plan. The Continuation Plan is intended to create the framework by which the school transitions from the current year, using its own summary analysis, to the upcoming school year, in a manner that represents continuous and comprehensive planning. Staff should consider the impact of proposed key strategies on student learning, as well as their long-term sustainability and connectivity to diagnostic review feedback.

1. **METRICS**

|  |  |
| --- | --- |
| **Academic Achievement** - Please respond to each component of each prompt. If necessary, attach samples of data collection that are referenced in the response. The 2017-18 data and the Analysis/Report Out section should align with the 2017-18 Attachment B. Discuss the goals/key strategies from the approved SIG plan which are aligned with this metric. | |
| Key Questions/Prompts | 2017-18 Analysis / Report Out |
| Disaggregate student assessment data in core content areas to identify performance trends (e.g., student sub-groups, grade levels, subjects, classrooms). |  |
|  | 2018-19 Continuation Plan |
| Based on the performance trends noted above, please identify the specific school strategy adjustments or interventions to be implemented to meet the academic achievement targets. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Attendance** - *Average Daily Student Attendance Rate*. The number of school days during the regular school week students attended school divided by the maximum number of days students could have attended school during the regular school week. The 2017-18 data and the Analysis/Report Out section should align with the 2017-18 Attachment B. Discuss the goals/key strategies from the approved SIG plan which are aligned with this metric. | | | | |
| **2017-18** | Baseline (%) | 2017-18 Target | Year to Date |  |
| Student Attendance Rate (%) |  |  |  |
| Key Questions/Prompts | 2017-18 Analysis / Report Out | | | 2018-19 Continuation Plan |
| Describe patterns of student attendance data (e.g., late/miss first period, chronic absenteeism among certain students, grade levels, etc.). |  | | |  |
| How do these data/patterns suggest the need for specific strategy adjustment or intervention to ensure targets will be met? Please identify specific school actions to be taken. |  | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Teacher Attendance** – *Average Daily Teacher Attendance Rate.* The number of FTE days teachers worked divided by the maximum number of FTE-teacher working days during the week. The 2017-18 data and the Analysis/Report Out section should align with the 2017-18 Attachment B. Discuss the goals/key strategies from the approved SIG plan which are aligned with this metric. | | | | |
| **2017-18** | Baseline (%) | 2017-18 Target | Year to Date |  |
| Teacher Attendance Rate (%) |  |  |  |
| Key Questions/Prompts | 2017-18 Analysis / Report Out | | | 2018-19 Continuation Plan |
| Describe patterns of teacher attendance data (e.g., long-term, excused vs. unexcused, chronic/patterned absenteeism among certain teachers, etc.). |  | | |  |
| How do these data/patterns suggest the need for specific strategy adjustment or intervention to ensure targets will be met? Please identify specific school actions to be taken. |  | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office Discipline Referrals** – *Number of Office Discipline Referrals (ODRs)*. The total number of Office Discipline Referrals for any reasons that disrupt the educational process. These data should be reported here as total number by week. The 2017-18 data and the Analysis/Report Out section should align with the 2017-18 Attachment B. Discuss the goals/key strategies from the approved SIG plan which are aligned with this metric. | | | | |
| **2017-18** | Baseline (#) | 2017-18 Target | Year to Date |  |
| Office Discipline Referrals (#) |  |  |  |
| Key Questions/Prompts | 2017-18 Analysis / Report Out | | | 2018-19 Continuation Plan |
| Describe patterns of office discipline referrals (e.g., period, location, classroom, grade level, repeat offenders, etc.). |  | | |  |
| How do these data/patterns suggest the need for specific strategy adjustment or intervention to ensure targets will be met? Please identify specific school actions to be taken. |  | | |  |

|  |  |  |
| --- | --- | --- |
| **Extended Learning Time** – *Average Extended Learning Time (ELT).* Please respond to the prompts below with respect to extended learning opportunities offered to all students throughout the course of the school year. The 2017-18 data and the Analysis/Report Out section should align with the 2017-18 Attachment B. Discuss the goals/key strategies from the approved SIG plan which are aligned with this metric. | | |
| Key Questions/Prompts | 2017-18 Analysis / Report Out | 2018-19 Continuation Plan |
| How do data/trends suggest the need for specific strategy adjustment or intervention to ensure targets will be met? Please identify specific school actions to be taken. |  |  |
| Describe the type, nature and frequency of assessments that measure the impact of ELT, as well as patterns noted through analysis of data. |  |  |

1. **PROJECT PLAN IMPLEMENTATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Key Strategies** - Identify the key strategies identified in the in the approved SIG plan that were implemented during the current reporting period but were ***NOT*** already discussed in the Metrics section above. *(Add additional rows as needed.)* | | | | |
| **Key Strategies**  Identify the key strategy from your approved SIG application or Continuation Plan to be discussed. | | **Implementation**  **Status**  Identify strategy as R/Y/G | Identify the evidence that supports your assessment of the 2017-18 implementation of key strategies and their impact on student achievement. | 2018-19 Continuation Plan |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

1. **FRAMEWORK AND EPO:** *(For SIG Cohort 6 and 7 schools that selected the Innovation Framework, and Restart ONLY)*

|  |  |  |  |
| --- | --- | --- | --- |
| Identify the school’s model, framework, and the EPO. | Status (R, Y, G) | Identify the evidence that supports your assessment of the 2017-18 implementation of the design framework and its impact on student achievement. Describe the manner in which the EPO has been involved in the implementation. | 2018-19 Continuation Plan |
|  |  |  |  |

1. **BUDGET/FISCAL:** *Add rows as needed.)*

|  |  |  |  |
| --- | --- | --- | --- |
| *Budget Analysis* | | | |
| Describe the SIG item or activity found in the approved 2017-18 SIG FS-10. | Status (R/Y/G) | If expenditures from the approved 17-18 FS-10 and Budget Narrative are on target, describe their impact with regard to the implementation of the SIG plan. If there is a challenge with expenditures, discuss the course correction to be put in place. | **As applicable, and along with this report/plan, please submit a 2018-19 SIG FS-10 budget, Budget Narrative, Attachment D: Budget Summary, and M/WBE documents.**  **BUDGET FORMS ARE AVAILABLE AT:** <http://www.oms.nysed.gov/cafe/forms/>. |

**The University of the State of New York**

**THE STATE EDUCATION DEPARTMENT**

**Albany, NY 12234**

**2018-19**

**School Improvement Grant 1003(g)**

**Continuation Plan Cover Page**

|  |  |  |
| --- | --- | --- |
| **District Name** | | |
| **School Name** | | |
| **Contact Person** | | **Telephone ( )** |
| **E-Mail Address** | | |
| I hereby certify that I am the applicant’s chief school/administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, Assurances, Certifications, the terms and conditions outlined in the Master Grant Contract and that the requested budget amounts are necessary for the implementation of this project.  It is understood by the applicant that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances. | | |
| Authorized Signature (**in blue ink**) | Title of Chief School/Administrative Officer | |
| Typed Name: | Date: | |