Receivership Schools ONLY

Quarterly Report #2: *October 31, 2016 to January 30, 2017*

| School Name | School BEDS Code | District | Lead Partner or EPO | Hyperlink to where this report will be posted on the district website: | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Check which plan below applies: | | | |
|  |  |  |  | SIG/SIF | | | SCEP |
| Cohort:  Model: | | |
| Superintendent/EPO | School Principal | Additional District Staff working on Program Oversight | | Grade Configuration | % ELL | % SWD | Total Enrollment |
|  |  |  | |  |  |  |  |
| Appointment Date: |

| **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](mailto: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 School Improvement Grant (SIG) or School Innovation Fund (SIF) 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.

Part I – *Demonstrable Improvement Indicators*

| *LEVEL 1 Indicators*  Please list the school’s Level 1 indicators and complete all columns below. This information provides details about the likelihood of meeting the established targets. If you choose to send us data documents that you reference, simply send a sample page or example, rather than the entire document. Your analysis of your data is the focus. | | | | | |
| --- | --- | --- | --- | --- | --- |
| Identify Indicator | Status  (R/Y/G) | Baseline | Target | What means did you use to measure whether or not you were making progress on meeting this target? | What was the outcome during this quarter? |
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| *LEVEL 2 Indicators*  Please list the school’s Level 2 indicators and complete all columns below. This information provides details about the likelihood of meeting the established targets. If you choose to send us data documents that you reference, simply send a sample page or example, rather than the entire document. Your analysis of your data is the focus. | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Identify Indicator | | Status  (R/Y/G) | Baseline | Target | | | What means did you use to measure whether or not you were making progress on meeting this target? | | What was the outcome during this quarter? | |
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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 – *Key Strategies*

| *Key Strategies*  Identify and analyze the implementation of all key strategies used this reporting period that are *not described above,* but are part of the approved SCEP, SIG or SIF plan. | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Identify key strategy. | | | | Status (R/Y/G) | Analysis of evidence supporting QR#2 status in reaching the goal identified in the plan. If you need to make a course correction during QR#3, please describe. | | |
| 1. |  | | |  |  | | |
| 2. |  | | |  |  | | |
| 3. |  | | |  |  | | |
| 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 III – *Community Engagement Team and Receivership Powers*

| **Community Engagement Team (CET)**  Describe the type, nature, frequency and outcomes of meetings conducted this quarter by the CET and its sub-committees that may be charged with addressing specific components of CET Plan. Describe outcomes of the CET plan implementation, school support, and dissemination of information. | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Status  (R/Y/G) | Analysis/Report Out | | | | | |
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| **Powers of the Receiver**  Describe this quarter’s use of the School Receiver’s powers (pursuant to those identified in CR §100.19). Discuss the goals and the impact of those powers. | | | | | | |
| Status  (R/Y/G) | Analysis/Report Out | | | | | |
|  |  | | | | | |
| **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 – ***Instructional Technology Plan***

| **Instructional Technology Plan**  Describe the current status of the implementation of the District Technology Plan pertinent to this school, as well as the use of technology in classrooms. | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Key Components | | | | Status (R/Y/G) | | Analysis of evidence supporting QR#2 status in reaching the goal identified in the plan. If you need to make a course correction during QR#3, please describe. | | |
| 1. | Current status of the District Technology Plan pertinent to this school | | |  | |  | | |
| 2. | Use of technology in the classroom | | |  | |  | | |
| **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 – *Budget*

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| --- | --- | --- |
| *Budget Analysis* | | |
| Expenditures | Status(R/Y/G) | If expenditures from the approved 16-17 FS-10 and Budget Narrative are on target, describe their impact with regard to the implementation of the plan. If there is a challenge with expenditures, discuss the course correction to be put in place for QR#3. |
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Part VI*: Best Practices (Optional)*

| *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 that has resulted in significant improvements in student performance, instructional practice, student/family engagement, and/or school climate. 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 a best practice in place this quarter in terms of its impact on the implementation of the plan. Discuss the analysis of evidence to determine its success. Discuss the possibility of replication in other schools. |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

Part VII – *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 has had the opportunity to review, and update if necessary, its 2016-2017 Community Engagement Team plan and membership.

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

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

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