Receivership

Quarterly Report *and* Continuation Plan (2016-17)

*3rd Quarter - January 18, 2016 to April 15, 2016*

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| School | School BEDS Code | District | Status (R/Y/G) | SIG/SIF/SCEP, and Cohort/Model |
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| Superintendent | School Principal | Additional District Personnel Responsible for Program Oversight and Report Validation | Grade Configuration | Number of Students |
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| **Executive Summary** |
| Please provide a *plain-language summary* of the current reporting 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*.  |
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***Attention*** – This document is intended to be completed by the School Receiver and/or their designee and submitted electronically to OISR@NYSED.gov. It is a self-assessment of the implementation and outcome 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 schools receiving School Improvement Grant (SIG) or School Innovation Fund (SIF) funds. Additionally, this document serves as the quarterly reporting instrument for schools with School Comprehensive Education Plans (SCEP). The Quarterly Report in its entirety *must be posted* on the district web-site.

***Please note*** - This document serves as the *continuation plan* for Receivership schools for the 2016-17 school year. All prompts submitted under the *“2016-17 School Year Plan”* heading should directly align with approved 2015-16 interventions plans (SIG, SIF or SCEP), and *must* have input from community engagement teams.

***Directions*** - District and school staff should respond to the *Analysis/Report Out* sections of this document by both analyzing and summarizing the key strategies of the third quarter in light of their realized level of implementation and their impact on student learning outcomes. *2016-17 Continuation Plan* sections are an opportunity for district and school staff to present their proposed actions and adaptations for the upcoming school year. This 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. District and school 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.

Part I – *Demonstrable Improvement Indicators*

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| *LEVEL 1 – Indicators*Please list the school’s Level 1 indicators below. Indicate the current status of each indicator in terms of the likelihood of meeting the established targets for realizing Demonstrable Improvement and the impact on student learning. Responses should be directly aligned with approved 2015-16 interventions plans (SIG, SIF or SCEP), and should include evidence and/or data used to make determinations. |
| Identify Indicator | Status(R/Y/G) | Base-line | Target | Analysis / Report Out | 2016-17 School Year Continuation Plan |
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| *LEVEL 2 Indicators*Please list the school’s Level 2 indicators below Indicate the current status of each indicator in terms of the likelihood of meeting the established targets for realizing Demonstrable Improvement and the impact on student learning. Responses should be directly aligned with approved 2015-16 interventions plans (SIG, SIF or SCEP), and should include evidence and/or data used to make determinations. |
| Identify Indicator | Status(R/Y/G) | Base-line | Target | Analysis / Report Out | 2016-17 School Year 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. |

*Attention – Please contact the Office of Accountability with any questions, concerns or points of clarification regarding Demonstrable Improvement Indicators for the 2015-16 and 2016-17 school years at* accountinfo@nysed.gov. *In addition, all SIG and SIF schools must submit an updated Attachment B no later than August 31, 2016. This may be found at* [*http://www.p12.nysed.gov/turnaround/SIGOnlineToolkit.html*](http://www.p12.nysed.gov/turnaround/SIGOnlineToolkit.html)*.*

Part II – *Key Strategies*

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| *Key Strategies**As applicable*, identify any key strategies being implemented during the current reporting period that are *not described above,* but are embedded in the approved intervention plan/budget and instrumental in meeting projected school improvement outcomes. Identify the evidence that supports your assessment of implementation/impact of key strategies, the connection to goals, and the likelihood of meeting targets set forth in the Intervention Plan. Responses should be directly aligned with approved 2015-16 interventions plans (SIG, SIF or SCEP), and should include evidence and/or data used to make determinations. If the school has a SIF grant, or has selected the SIG 6 Innovation Framework model, please include as one of the key strategies the analysis of effectiveness of the lead partner working with the school. |
| List the Key Strategy from your approved Intervention Plan (SIG, SIF or SCEP). | Status (R/Y/G) | Analysis / Report Out | 2016-17 School Year Plan |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 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*

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| **Community Engagement Team (CET)**Please provide information regarding the type, nature, frequency and outcomes of meetings held by the entire Community Engagement Team and/or sub-committees charged with addressing specific components of the Community Engagement Plan. Describe goals and outcomes of meetings and committee work in terms of Community Engagement Plan implementation, school support and dissemination of information. Please identify any changes in the community engagement plan and/or changes in the membership structure of the CET. |
| Status(R/Y/G) | Analysis / Report Out  | 2016-17 School Year Plan |
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| **Powers of the Receiver**Please provide information regarding efforts on the part of the School Receiver to utilize powers pursuant to section 100.19 of Commissioner’s Regulations pertaining to School Receivership. Describe goals and outcomes related to Receivership powers currently being utilized (or in the developmental phase) in terms of their implementation/development status and their impact. |
| Status(R/Y/G) | Analysis / Report Out | 2016-17 School Year 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 IV – *Title I Schoolwide Program (SWP) Plan Required Components (As applicable)*

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| *2016-17 School Year Plan**As applicable,* please provide additional information to describe 2016-17 school year plans and rationale for required components of a Title I Schoolwide Program plan. If a required component has already been addressed in one or more section above, please use the “2016-17 School Year Plan” column to indicate which sections contain this information. A brief rationale should be included for *each* required component. |
| Ten Required Components of SWP | 2016-17 School Year Plan | Rationale |
| 1. | Comprehensive Needs Assessment | Diagnostic Tool School and District Effectiveness (DTSDE), both state-led and district-led satisfy this requirement. | N/A |
| 2. | Schoolwide Reform Strategies |  |  |
| 3. | Instruction by Highly Qualified Teachers |  |  |
| 4. | High Quality and On-going Professional Development |  |  |
| 5. | Strategies to Attract High Quality Highly Qualified Teachers to High Needs Schools |  |  |
| 6. | Strategies to Increase Parental Involvement |  |  |
| 7. | Transition Plans to Assist Pre-school Children from Early Childhood Programs to the Elementary School Program |  |  |
| 8. | Measures to Include Teachers in Decisions Regarding the Use of Academic Assessment Data to Inform Instruction |  |  |
| 9. | Activities to Ensure the Students Who Experience Difficulty Attaining Proficiency Receive Effective and Timely Additional Assistance |  |  |
| 10. | Coordination and Integration of Federal, State and Local Services and Programs -  |  |  |

Part V – *Best Practices (Optional)*

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| *Best Practices*The New York State Education Department recognizes the importance of sharing best practices of schools and districts. Please take this opportunity to share one or more successful strategy 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 the best practice in terms of the impact it is having, the evidence being collected to determine its value, and the manner in which it might be replicated in other schools/districts.  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

Part VI – *Fiscal*

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| **Budget Analysis/Narrative and Budget Documents** – The LEA/school should propose expenditures that are reasonable and necessary to support the identified Receivership school’s initiatives and goals. The LEA/school should provide appropriate and complete required budget elements identified below. Please note, separate budget narratives and FS-10’s must be submitted for a SIG, SIF and/or Persistently Struggling Schools (PSS) grant.  |
| Design Element | Status(R/Y/G) | Analysis of 2015-16 School Year |
| Provide an analysis of the current implementation period expenditures in terms of desired outcomes, alignment to project plan/timeline, and impact on instructional practices/key strategies/student engagement. |  |  |
| Additionally, under separate attachment, the LEA/school must provide a **Budget Narrative** *and* an **FS‐10** for the upcoming 2016-17 implementation period. The budget narrative must identify and explain all proposed costs for district and school-level activities. For each activity, identify costs associated and provide an explanation/justification for the cost that connects to the project activity, goals, and outcomes previously identified throughout the 2016-17 Continuation Plan and/or Persistently Struggling Schools (PSS) grant. The budget items must be clear and obvious about how the proposed activities are directly impacting the school‐level and district implementation of its intervention plan. The proposed expenditures must be reasonable and necessary to support the initiatives and goals of the LEA/school, and commensurate to size and need. Schools no longer receiving SIG or SIF funds need not submit budget narratives and FS-10’s. |

Part VII – *Attestation*

RECEIVER: By signing below, I certify that the information in this quarterly report is true and accurate to the best of my knowledge.

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

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

COMMUNITY ENGAGEMENT TEAM: By signing below, I certify that the community engagement team (CET) was directly consulted in the preparation of this document.

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

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

**The University of the State of New York - THE STATE EDUCATION DEPARTMENT - Albany, NY 12234**

**2016-17**

**School Improvement Grant 1003(g)**

**School Innovation Fund Grant**

**Persistently Struggling Schools Grant**

**Continuation Plan Cover Page**

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| **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:       |