Receivership Schools ONLY

Quarterly Report #3: *January 15, 2018 to April 20, 2018* and Continuation Planfor 2018-19 School Year

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| 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 | SCEP  |
| Cohort: Model: |
| 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*.  |
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***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 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.

***Please note*** - This document also serves as the C*ontinuation Plan* for Receivership schools for the 2018-19 school year. All prompts submitted under the *“2018-19 School Year Continuation Plan”* heading should directly align with or be adaptations to approved intervention plans (SIG, or SCEP), and *must* have input from community engagement teams.

***Directions for Part 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 third quarter in light of their realized level of implementation and their impact on student learning outcomes. *2018-19 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. 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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| *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 | 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/SIF goals and or key strategies that have supported progress in this demonstrable improvement indicator? Include a discussion of any adjustments made to key strategies since the last reporting period and a rationale as to why these adjustments were made. | What are the formative data points that are being utilized to assess progress towards the target for this demonstrable improvement indicator?  | Based upon the formative data points identified, provide quantitative and/or qualitative statement(s) that demonstrate impact towards meeting the target.  | 2018-19 School Year Continuation Plan for Meeting this Indicator |
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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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| *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 | 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/SIF goals and or key strategies which have supported progress in this demonstrable improvement indicator? Include a discussion of any adjustments made to key strategies since the last reporting period and a rationale as to why these adjustments were made. | What are the formative data points that are being utilized to assess progress towards the target for this demonstrable improvement indicator?  | Based upon the formative data points identified, provide quantitative and/or qualitative statement(s) which demonstrate impact towards meeting the target.  | 2018-19 School Year Continuation Plan for Meeting this Indicator |
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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)*

*(This section should only be completed as needed, for strategies not already listed in Parts I and II.*

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| *Key Strategies*Identify any key strategies being implemented during the current reporting period that are *not described in Part I or II above but* are embedded in the approved intervention plan/budget and are 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 2017-18 interventions plans (SIG or SCEP), and should include evidence and/or data used to make determinations. If the school 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 if not described in Part I and II above. |
| List the Key Strategy from your approved intervention plan (SIG, SIF or SCEP). | Status (R/Y/G) | Analysis / Report Out | 2018-19 School Year Continuation 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 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 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. Please identify any changes in the community engagement plan and/or changes in the membership structure of the CET for the 2018-19 School Year. |
| Status(R/Y/G) | Analysis/Report Out | 2018-19 School Year Continuation Plan |
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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. Please identify any changes in Receivership Powers to be utilized in the 2018-19 School Year. |
| Status(R/Y/G) | Analysis/Report Out | 2018-19 School Year Continuation Plan |
|  |  |  |
| **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 – (As applicable)*

*(Please complete this section regarding any applicable funding: such as the Community School Grant (CSG), the Persistently Struggling Schools Grant (PSSG) and/or the School Improvement Grant (SIG) 1003(g). Add rows as needed.)*

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| *Budget Analysis* |
| Please designate either as CSG, PSSG or SIG expenditures and describe the budget item or activity. | 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 plan. If there is a challenge with expenditures, discuss the course correction to be put in place. | **ALONG WITH THIS REPORT/CONTINUATION PLAN, PLEASE SUBMIT AS APPLICABLE:*** **SIG FS-10 2018-19 BUDGET AND BUDGET NARRATIVE AS APPLICABLE.**

**DO NOT SUBMIT CSG or PSSG BUDGET DOCUMENTS.****BUDGET FORMS ARE AVAILABLE AT:** <http://www.oms.nysed.gov/cafe/forms/>. |
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Part VI*: 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 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 into the 2017-2018 Continuation Plan, and has had the opportunity to review, and update if necessary, its 2018-2019 Community Engagement Team plan and membership.

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

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

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

 **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**

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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:       |