# 2023-2024 District Planning Form

## District Name <u>Great Lakes Academy</u>

1. Have any buildings/programs closed? ☐Yes ☒No
   If yes, please list:
   _____

2. Are there new buildings/programs/grades? ☐Yes ☒No
   If yes, please list:
   _____ _____
   _____ _____

3. List the buildings in your district with ECSE programs:
   <u>N/A</u>
   _____

4. Do you have any buildings with virtual programs (21F/5OD)? ☐Yes ☒No
   If yes, please list the building(s):
   _____
   _____
   _____
   _____

5. For your virtual programs, do you have satellite locations where students receive instruction? ☐Yes ☒No
   If yes, please list locations (Note: These must be reported in EEM):
   _____ _____
   _____ _____

6. Check the type of schedule provided in your secondary buildings:
   ☐ Semester    ☒ Block    ☐ Trimesters
   For trimesters, provide the starting dates of each trimester: _____ _____ _____

7. Do you operate an alternative education program? ☐Yes ☒No
   If yes, list the buildings:
   _____
   _____

8. How does the district compute annual days and hours of instruction?
   ☒ By District    ☐ By Building

9. Have any buildings/programs been approved for days and/or hours of instruction waivers? ☐Yes ☒No
   If yes, indicate building(s)/program(s) and include a copy of the approval:
   _____ _____
   _____ _____

10. Do you participate in an Early Middle College Program/School?  ☐Yes ☒No
    If yes, please list the name of the program (ACE, OTEC, etc.):

    _____

    _____

    Are you planning to claim any extra FTE?  ☐Yes ☒No

11. Do you operate shared time programs at nonpublic school sites?  ☐Yes ☒No
    **If yes, list below;**

| Name | EEM | Address | SIS (used for Attendance) |
|------|-----|---------|---------------------------|
|      |     |         |                           |
|      |     |         |                           |
|      |     |         |                           |
|      |     |         |                           |
|      |     |         |                           |
|      |     |         |                           |
|      |     |         |                           |

12. Attach a copy of:
    ☐ course catalog and course descriptions.
    ☐ current district procedures used when enrolling a new student (indicate date_____).
    ☐ current district approved method of documenting attendance (indicate date approved _____).
    ☐ current district procedures used to document a student absent on the count day and returned under the 10/30-day rule (indicate date _____). If information is already attached, separate documentation is not required.

13. Is a Student Information System being used for attendance?  ☒Yes ☐No
    If yes, indicate the name of the SIS:
       Mistar
    ☐ Attach an attendance code legend.
    **Are any building/program using a different system for attendance (not listed in Question 11)?  ☐Yes ☒No**
    **If yes, indicate the name of the building/program and the SIS:**

       _____        _____

       _____        _____

    ☐ **Attach an attendance code legend.**

14. For Public School Academies ONLY:
    Do students change classes/teachers?  ☐Yes ☒No
    Are you adding a new grade?  ☐ Yes ☒No
    If yes, what grade:

       _____

15. Does your district claim FTE for:

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Section 105 School of Choice pupils? ☐Yes ☒No

Section 105C School of Choice pupils? ☐ Yes ☒No
(This does not apply to Public School Academies.)

16. Are you in a consortium or cooperative agreement? ☐Yes ☒No
    (IA, CASA, OSTC, VLAC)
    If yes, identify the program(s):

    _____
    _____
    _____

17. Do you operate an Oakland County Special Ed Center Program? ☐Yes ☒No
    If yes, indicate the building(s) below:

    _____
    _____

18. Does your district provide a Section 23a Dropout Recovery Program? ☐ Yes ☒No
    (ex. Grad Alliance)

19. Are you keeping the pupil accounting records current year plus three? ☒ Yes ☐No

20. Who keeps the prior audit narrative reports and DS4120s? _____

21. Identify the central office key personnel involved in submitting the pupil membership count.
    Name            Dana Hale
    Title           Business Manager
    Yrs. in Position 0
    Email           haled@greatlakesacademy.org
    Phone           248-334-6434
    Fax             _____

Signature__Dana Hale_____Date_8-23_____

## Return on or before Wednesday, August 30, 2023

**Include:**

**Current school year building/district calendars**

**Professional Development certification form (If applicable)**

**Building Information List (See below)**

# 2023-2024 District Planning Form

## Building Information List

Complete all columns of the next page for all building/ programs in your district.

**COLUMN    DIRECTIONS**

1. Name of building and EEM code (This will be used to update our building roster for your district.)

2. Indicate Grade Levels and Programs (ECSE, K-5, 6-8, 9-12, Alternative Education etc.)

3. Number of certified teachers.

4. Name of building contact responsible for completing pupil accounting reports.

5. Years of experience of person reported in Column #4.

6. Is the building contact trained in completing reports?
   Indicate "Y" for yes and "N" for no.

7. Does the building contact review and verify the alpha list and packet?
   Indicate "Y" for yes and "N" for no.

8. Will all Pop II and Pop III pupils be identified in the building packet?
   Indicate "Y" for yes and "N" for no?

9. Do you use a teacher attendance book or teacher entered SIS attendance?
   Indicate "B" for book or "S" for SIS.

10. Do you have access to the Pupil Accounting Manual?
    Indicate "Y" for yes or "N" for no.

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**Oakland**Schools
Learning today. Transforming tomorrow.

| Col 1<br>Building and EEM Code | Col 2<br>Grades | Col 3<br># of Certified Teachers | Col 4<br>Building Contact | Col 5<br>Years Exp | Col 6<br>Trained<br>Y/N | Col 7<br>Verify<br>Y/N | Col 8<br>Pops<br>Y/N | Col 9<br>Att<br>B/S | Col 10<br>PAM<br>Y/N |
|---|---|---|---|---|---|---|---|---|---|
| Great Lakes Academy 08464 63907 | K-8 | 8 | Dana Hale | 18 | Y | Y | Y | S | Y |
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