Receivership

Quarterly Report

*2nd Quarter - November 1, 2015 to January 15, 2016*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School | School BEDS Code | District | Status (R/Y/G) | SIG/SIF/SCEP Cohort |
|  |  |  |  |  |
| Superintendent | School Principal | Additional District Personnel Responsible for Program Oversight and Report Validation | Grade Configuration | Number of Students |
|  |  |  |  |  |

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

***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.

Part I – *Demonstrable Improvement Indicators*

|  |
| --- |
| *LEVEL 1 – Indicators*Please list the school’s Level 1 indicators below and discuss each with respect to the type, nature and analysis (as applicable) undertaken during the current reporting quarter, as well as necessary course-corrections. Indicate the current status of each indicator in terms of the likelihood of meeting the established targets for realizing Demonstrable Improvement. |
| Identify Indicator | Status(R/Y/G) | Base-line | Target | Analysis / Report Out |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| *LEVEL 2 Indicators*Please list the school’s Level 2 indicators below and discuss each with respect to the type, nature and analysis (as applicable) undertaken during the current reporting quarter, as well as necessary course-corrections. Indicate the current status of each indicator in terms of the likelihood of meeting the established targets for realizing Demonstrable Improvement. |
| Identify Indicator | Status(R/Y/G) | Base-line | Target | 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 II – *Key Strategies*

|  |
| --- |
| *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.  |
| List the Key Strategy from your approved Intervention Plan (SIG, SIF, SCEP or Out of Time). | Status of each strategy (R/Y/G) | 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.  |
| 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)**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.  |
| Status(R/Y/G) | Analysis / Report Out |
|  |  |
| **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 |
|  |  |
| **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 – *Best Practices(Optional)*

|  |
| --- |
| *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 V – *Attestation*

ATTESTATION: 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_