

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

Approved:  Yes  No

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*To be completed by the receiving school district Superintendent or designee.*

**TBAISD PROJECT REIMAGINE SEAT TIME WAIVER**

**Enrollment/Application for Participation – Grades 6th-12th**

**Page 1 of 6**

**Instructions**: Schools must submit a completed application/enrollment form for each student.

The district must meet all of the following requirements to count pupils enrolled in a seat time waiver program for membership purposes:

* The participation requirement must be satisfied for membership purposes. **The participation requirement states that a pupil must complete at least one (1) two-way interaction per week for each week of the four (4) week count period.**

**Two-way interaction is the communication that occurs between the teacher of record or mentor and pupil, where one party initiates communication and a response from the other party follows that communication. Responses must be to the communication initiated by the teacher of record or mentor, and not some other action taken. This interaction must be documented and available to the pupil accounting auditor upon request. Interaction must be relevant to the course or pupil’s progress.**

* Each pupil must have a course-specific class schedule that includes each enrolled course (with the actual course name) at the time of the count.
* Additional documentation must be provided if requested by the pupil membership auditor. The district must provide all documentation requested by the pupil membership auditor within five (5) business days of the request. This includes, but is not limited to, documents such as activity logs and copies of email or text message exchanges detailing weekly two-way interactions.
* The district shall measure seat time waiver program effectiveness using academic benchmarks, such as those derived from the Department-required grade-appropriate assessments, or through other measures identified by the Department. Pupils enrolled in a seat time waiver program must participate in the grade-appropriate state assessment exams.

Pupil accounting audit rules require submission of completed materials with **all requirements met**. Advance approvals are not required.

For further information or assistance, please contact Paul Bauer at: pbauer@tbaisd.org

**District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For School Year: \_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT INFORMATION (One application form per student to be completed by parent/guardian):**

**Student:**

**Applicant Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Grade (entering) \_\_\_\_\_\_\_\_\_\_**

**Student UIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please check one:** □ **Male** □ **Female**

**Student Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last School Attended \_\_\_\_\_\_\_\_\_\_\_\_\_**

**District of Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity:** □ Not Hispanic or Latino □ Hispanic or Latino

**Race:** □ American Indian/Alaska Native □ Asian □ Black/African American □ Native Hawaiian/Pacific Islander □ White

*Applicants for admission as non-resident students and their parents/guardians are hereby notified that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District does not discriminate on the basis of race, color, national origin, gender, religion, or disability in admission or access to programs, activities, or policies.*

Reason(s) for seeking to enroll student in the **Project ReImagine Seat Time Waiver**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian:**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TBAISD PROJECT REIMAGINE SEAT TIME WAIVER**

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Has student ever been suspended/expelled/convicted of a felony, or otherwise excluded for disciplinary reasons?

□ Yes □ No If yes, please provide an explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student ever been tested for specialized services? □ Yes □ No

Or do they receive specialized assistance in school? □ Yes □ No If yes, please provide an explanation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For each student you are enrolling under the TBAISD Project ReImagine Seat Time Waiver, please indicate in the check box below the section of the TBAISD Project ReImagine Seat Time Waiver that applies for your student. Based

upon the section checked, is how the student will be audited for both the Fall/Spring Pupil Counts.

**Refer to the:** “**TBAISD PROJECT REIMAGINE SEAT TIME WAIVER GUIDELINES FOR DISTRICTS TO FOLLOW” as to how each section will be audited under “Audit Approach” (under TBAISD Pupil Accounting Webpage).**

Please indicate in the check box, which section of the TBAISD Project ReImagine Seat Time Waiver the student applies to by your district. See the attachment for Requirements Waived, Rule Definitions and MDE required conditions:

1. **~~Requirements Waived~~** ~~□~~ **~~Rule 340.11~~**
2. **Requirements Waived** □ **Rule 340.15(1)(e)**
3. **Requirements Waived** □ **Section 380.1284b**
4. **Requirements Waived** □ **Rule 340.12(1)(h)**

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**STUDENT EXPECTATIONS**

As a student enrolled in the TBAISD Project ReImagine Seat Time Waiver, I am aware that:

1. It is a privilege to participate in this program and, therefore, I am expected to adhere to the highest codes of conduct and integrity as a representative of my school district.
2. I will adhere to the school’s timelines for completion of course requirements. The district’s policies will take precedence in meeting program requirements as dictated by the Michigan Department of Education.
3. Certain standards are expected of me, as a student. Inappropriate use of the Internet of any kind will not be tolerated. All terms outlined in the district’s Acceptable Use Policy (AUP) apply as well.
4. I agree to have weekly contact with my mentor to monitor my progress. The mentor teacher will determine a regular time schedule and meeting place.
5. I will be committed to the courses, adhere to the course schedules as prescribed, and I understand that drops will be allowed only as outlined by online provider and the local district add/drop policy.
6. I understand that STW students are required to participate in all of the State of Michigan ~~MEAP, MME~~ state assessments and/or other State assessments and I will cooperate with my home school in completing this requirement.

NOTE: Additional district student requirements/expectations can be added in the space provided below. Please provide a copy to TBAISD with additional student requirements/expectations.

 [ ]

 [ ]

Student Acknowledgment and Understanding:

I have read, understand and acknowledge all the expectations and the policy as set forth in this document. I agree to abide by the guidelines as stated.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**TBAISD PROJECT REIMAGINE SEAT TIME WAIVER**

**Enrollment /Application Checklist – Grades 6th-12th**

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**PARENT ACKNOWLEDGMENT AND UNDERSTANDING:**

I have read and understand the student policy and stated expectations for my child and agree to support the TBAISD Project ReImagine Seat Time Waiver program expectations. I understand that participation in my child’s education will help determine his/her likelihood of success in the program. Therefore I will monitor and support my student in his/her studies. I agree to be accessible and readily available to the mentor to discuss my child’s progress and development. I understand time management and attendance is vital to my student’s success. I understand acceptance into this TBAISD Project ReImagine Seat Time Waiver is a privilege and my child must maintain the contracts and program policies in order to remain enrolled. Failure to follow these policies may result in dismissal from the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

**Applicant Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Grade (entering): \_\_\_\_\_\_\_\_\_\_**

**Student UIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District/Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The following is a list of items required for the TBAISD PROJECT REIMAGINE SEAT TIME WAIVER. Please place a checkmark in the box next to each item and note the date completed.**

**Step 1**

 □ Have copy of TBAISD Project ReImagine Seat Time Waiver Guidelines DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 for Districts to Follow.

 □ Ensure that appropriate Board policy language is adopted by local Board DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 to charge Superintendent with responsibility that assessments are aligned

 with core content expectations and success on end of course exam

 provides evidence of content mastery.

 □ Read the guidelines and fully understand each section in the Project ReImagine DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Seat Time Waiver to see if your district’s student can apply under one of the

 sections and your district can use this waiver.

 □ Pay close attention to the audit approach section of the guidelines to DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 make sure that everything is covered when the student is audited

 for FTE membership. Must have for each section under the guidelines

 the documentation for each student you are planning on using this

 TBAISD Project ReImagine Seat Time Waiver for. Auditor can

 deduct FTE for missing information on student(s).

**Step 2**

 □ Seek pre-approval from principal to move forward with the TBAISD DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Project ReImagine Seat Time Waiver.

 □ Complete online self-assessment to determine readiness for any student DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 seeking waiver for online coursework.

 □ Identify District Mentor for the TBAISD Project ReImagine Seat Time Waiver DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 process: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Mentor Name / Certificate Number**

 □ Get student enrolled with the virtual course with counselor so course DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 shows up on student’s schedule correctly.

 □ Teacher of record responsible for assessment grade DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Teacher of Record**

**TBAISD PROJECT REIMAGINE SEAT TIME WAIVER**

**Enrollment /Application Checklist – Grades 6th-12th**

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**Step 3**

 □ Fill out the TBAISD Project ReImagine Seat Time Waiver Enrollment/ DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application for Participation.

 □ Fill out the TBAISD Project ReImagine Seat Time Waiver – List of DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Enrolled Students.

 □ Verify that there is a copy of EDP and or ILP, IEP (if special needs student(s) DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 on file at district and available for audit purposes (TBAISD template

 to be used by local districts.) [Note: If special education student, IEP must note

 student is taking on-line courses and a copy of the STW Enrollment/Application

 Checklist must be forwarded to special education teacher for inclusion in special

 education files.]

 □ Fill out the TBAISD Project ReImagine Seat Time Waiver – Mentor DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instructional Time Form.

 □ Proof of Participation: Participation is measured for self-scheduled courses DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 through the use of two-way interaction. For membership purposes, a pupil

 must complete at least one (1) two-way interaction per week for each week

 of the four (4) week count period. The first week in which participation will be

 measured begins on count day (Wednesday), and continues through the

 following Tuesday. Each consecutive week will start on Wednesday and end

 on the following Tuesday, for a total of four (4) weeks including the week that

 began on count day. The district shall document and retain an online activity

 log detailing two-way interactions for each seat time waiver pupil.

 □ Proof of Two-way Interaction: Two-way interaction is the communication that DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 occurs between the teacher of record or mentor and pupil, where one party

 initiates communication and a response from the other party follows that

 communication. Responses must be to the communication initiated by the

 teacher of record or mentor, and not some other action taken. This interaction

 may occur through, but is not limited to, means such as email, telephone,

 instant messaging, or face-to-face conversation. All two-way interaction must

 be documented and available to the pupil accounting auditor upon request.

 Interaction must be relevant to the course or pupil’s progress.

 □ Copy of student schedule with class on it signed and dated by the DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mentor.

 □ Copy of student schedule with class on it signed and dated by the DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mentor.

**Step 4**

District must determine the following requirements:

 □ Student must successfully pass an end-of-course examination END OF SEMESTER REQUIREMENT

 to provide evidence of mastery of Michigan Core Curriculum

 6th-9th grade students must participate in ~~MEAP~~ state assessments

 for 11th grade students must participate in MME.

 □ District will ensure that student(s) are assessed at the end of each END OF SEMESTER REQUIREMENT

 course. School district will provide ISD with documentation including

 cut score utilized.

|  |
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| **TBAISD PROJECT REIMAGINE SEAT TIME WAIVER****Enrollment /Application Checklist – Grades 6th-12th****Page 5 of 6****TBAISD PROJECT REIMAGINE SEAT TIME WAIVER - MENTOR INSTRUCTIONAL TIME FORM** |
|  |  |  |  |  |  |  |  |  |  |  |
| **DISTRICT:** |  |  **SCHOOL YEAR:** |   |
| **BUILDING:** |  | **COUNT DAY:** |   | **October** |
|   | **February** |
| **INSTRUCTIONS:** | **Complete the report below - one form per pupil receiving a seat time waiver in grades 6-12. There must be two-way interaction between student and certified mentor at least once per week for each of the four (4) week count period. The interaction must be course content specific. Documentation of this weekly contact must be available to the auditor. (Everything in grey must be completed)** |
|  |  |  |
| **Authorized Representative Signature** | **Title of Authorized Representative** | **Date** |
|  |  |  |  |  |  |  |  |  |  |  |
| **Student's Name** |   |  **UIC#** |   |  **Grade** |   |
|  |  |  |  |  |  |  |
| **Mentor's Name** |   |  |
|  |  |  |  |  |  |
|   |  |   |
| **Signature of Mentor** |  | **Date** |
|  |  |  |  |  |  |  |  |   |   |   |
| **CONTACT DATE** | **Contact Type (Check Box)** |  **COMMENTS:** |
| **E-mail** | **Phone** | **Face-to-Face** |
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**TBAISD PROJECT REIMAGINE SEAT TIME WAIVER**

**Enrollment /Application Checklist – Grades 6th-12th**

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**ATTACHMENT - TBAISD PROJECT REIMAGINE SEAT TIME WAIVER**

**Requirements Waived, Rule Definitions and MDE Required Conditions**

1. **Requirements Waived** □ **Rule 340.11**

Traverse Bay Area intermediate School District is granted a waiver for Rule 340.11 under the pupil accounting rules and Section 5O of the pupil accounting manual, and may allow up to 100 percent of students enrolled in grades 6 thru 12 to take all of their coursework online if the following conditions are met:

**Conditions:**

1. Students must be in attendance and/or ~~logged virtually~~ in to each course on the appropriate pupil membership count dates or student participation must be confirmed by the online instructor(s) on the count dates; the method used to confirm student attendance must be documented. Pupil accounting auditors will want to verify documentation.
2. As the holder of the waiver, the ISD must ensure that districts develop criteria to be used in selecting students that request to receive all of their coursework online.
3. The ISD must ensure that each district requires students to take secondary credit assessment(s) at the conclusion of each Grade Level/Michigan Merit Curriculum core course taken online or via distance learning, to demonstrate that the student is proficient in the grade level/high school content expectations for that course. The ISD must inform the Michigan Department of Education (MDE) about the assessment(s) and cut scores used by submitting a report at the end of 2010-11.
4. The ISD must submit in annual report for each year the waiver is in effect that includes input from students, teachers, and parents.
5. A student’s online coursework may not be delivered in a non-instructor led (self-study) format.
6. The ISD and participating districts must agree to utilize highly qualified teachers (as defined by the No Child Left Behind Act of 2001) for all instructor-led online courses that require highly qualified teachers, or agree to secure instructor-led online courses only from suitably credentialed online education providers.
7. In addition to the online instructor, students taking one or more online courses must be assigned a mentor who is a certificated teacher employed by the students home district.
8. All students receiving their instruction in an on-line format must be provided computer and broadband internet access.
9. **Requirements Waived** □ **Rule 340.15(1)(e)**

Traverse Bay Area Intermediate School District is granted a waiver for Rule 340.15 (1)(e) of the pupil accounting rules and Section 5P of the pupil accounting manual, and may allow students to combine CTE and non CTE work-based off-site placements with online and post secondary programs to equal a full time schedule of courses if the following conditions are met:

**Conditions:**

1. The number of credits that the student can earn for work-based learning must equal those earned by a student enrolled full time in a traditional school setting.
2. An Individual Learning Plan must be in place for each student.
3. A significant Grade Level Content Expectations/Michigan Merit Curriculum embedded online component must be in place for each student.
4. Include a series of college/career readiness assessments in a waiver plan under this section (this is only applicable to students taking high school course work).
5. **Requirements Waived** □ **Section 380.1284b**

Traverse Bay Area Intermediate School District is granted a waiver for Section 380.1284b of the revised school code and Section 2 of the pupil accounting manual, and may allow the district to establish a year-round (balanced model) calendar that will extend beyond the common calendar into the months of June, July and August for selected students or an entire district if the following conditions are met:

 **Conditions:**

1. A school/student may be considered a year-round school/student if there is no more than a six week summer break.
2. **Requirements Waived** □ **Rule 340.12(1)(h)**

Traverse Bay Area Intermediate School District is granted a waiver for Rule 340.12(1)(h) of the pupil accounting rules and Section 5O of the pupil accounting manual, and waive the requirement that not more than two independent study courses can be used for computing full time equivalency if the following conditions are met:

**Conditions:**

1. The number of credits that the student can earn for work-based learning must equal those earned by a student enrolled full time in the traditional school setting.
2. An Individual Learning Plan must be in place for each student.
3. A significant Grade Level Content Expectations/Michigan Merit Curriculum embedded online component must be in place for each student.
4. Include a series of college/career readiness assessments in a waiver plan under this section (applicable to high school students only).