

| 2022-2023 | | | |
|--|---|-------------------------|--------------------|
| Name of School: | | | |
| Report Submission and School Information: Please submit the completed report to the Center via Epice | nter per the Master Calendar of Reporting R | lequirements. | |
| December 15, 2022 Submission – Data is based on the | school's fall count report and pertains to Se | ptember –November 2 | 2022. |
| June 30, 2023 Submission – Data is based on the June | 30, 2023 data submission to MDE and perta | ains to the 2022-23 sch | ool year. |
| Report Completed By: | Email: | Phone: | |
| Date Report Completed: School's UIC: | ISD/RES | SA: | |
| School Administrator: | | | |
| Name: | Title: | | |
| School Special Education Contact: | | | |
| Name: | Title: | | |
| District Transition Coordinator: | | | |
| Name: | Title: | | |
| District Representative at IEPT Meetings: | | | |
| Name: | Title: | | |
| For more information, please contact: Kathy Barker, KBarker@TheCenterForCharters.org | | | |
| Pupil Count Information | | | |
| | | December Submission | June Submission |
| Number of students attending your school (all students) | | | |
| Special Education headcount | | | |
| Percent of total student population with IEPs | | | |
| | | I | 1 |
| Reduced School Day | | | |
| | | December Submission | June Submission |
| Number of students with an IEP that were placed on a red | luced school day | | |
| Number of students with an IEP placed on a reduced scho recommendation and IEPT decision | ool day as a result of a physician's script/ | | |
| Number of students placed on a reduced school day based | d on an IEPT decision | | |
| Number of students placed on a reduced school day at the r IEP decision | request of administration with no | | |



| Special Education Transfer | | |
|---|------------------------|-----------------------------|
| Special Education II ansiel | December Submission | June Submissior |
| Number of students with an IEP that transferred into your school | | |
| Number of students with an IEP that transferred from your school to another school | | |
| Number of students with an IEP that transferred and moved to the next instructional level (e.g. MS to HS) during this year | | |
| Number of students with an IEP that transferred from your school to another school at the recommendation of district staff/administration | | |
| Pupil Drop Information (dropped from enrollment within your school) | | |
| | December Submission | June Submission |
| Number of students with IEPs dropped following an actual or anticipated suspension/expulsion | | |
| Number of students with IEPs dropped as a result of absenteeism | | |
| Number of students with IEPs dropped and not picked up by another school | | |
| Exited Special Education | | |
| | December | June |
| | Submission | Submission |
| Number of students with an IEP that exited them from special education | Submission | Submission |
| Number of students with an IEP that exited them from special education within one year of transferring | Submission | Submission |
| Number of students with an IEP that exited them from special education within one year of transferring into your school | Submission | Submission |
| Number of students with an IEP that exited them from special education within one year of transferring into your school Number of students exited from special education at the request of the parent | Submission | Submission |
| Number of students with an IEP that exited them from special education within one year of transferring into your school Number of students exited from special education at the request of the parent Number of students exited from special education at the request of administration/staff | Submission | Submission |
| Number of students with an IEP that exited them from special education within one year of transferring into your school Number of students exited from special education at the request of the parent Number of students exited from special education at the request of administration/staff Number of students exited from special education because of no longer meeting eligibility criteria | Submission | Submission |
| Number of students with an IEP that exited them from special education within one year of transferring into your school Number of students exited from special education at the request of the parent Number of students exited from special education at the request of administration/staff Number of students exited from special education because of no longer meeting eligibility criteria Number of students exited as result of graduation Revocation of Special Education | Submission | Submission |
| Number of students with an IEP that exited them from special education within one year of transferring into your school Number of students exited from special education at the request of the parent Number of students exited from special education at the request of administration/staff Number of students exited from special education because of no longer meeting eligibility criteria Number of students exited as result of graduation | December Submission | Submission June Submission |
| Number of students with an IEP that exited them from special education within one year of transferring into your school Number of students exited from special education at the request of the parent Number of students exited from special education at the request of administration/staff Number of students exited from special education because of no longer meeting eligibility criteria Number of students exited as result of graduation | December | June |



| Primary Disability - Number of students with a Primary Disability identified as: | | | | | |
|--|---------------------------------------|---------------------------------------|--|--|--|
| | December Submission | June Submission | | | |
| Autism Spectrum Disorder (ASD) | | | | | |
| Cognitive Impairment (CI) | | | | | |
| » Mild Cognitive Impairment (CI) | | | | | |
| » Moderate Cognitive Impairment (MoCI) | | | | | |
| Severe Cognitive Impairment (SCI) | | | | | |
| Deaf-blindness (DB) | | | | | |
| Deaf/Hard of Hearing (DHH) | | | | | |
| Early Childhood developmental delay (ECDD) | | | | | |
| Emotional Impairment (EI) | | | | | |
| Specific Learning Disability (LD) | | | | | |
| Other Health Impairment (OHI) | | | | | |
| Physical Impairment (PI) | | | | | |
| Speech and Language Impaired (SLI) | | | | | |
| Severe Multiple Impairment (SX() | | | | | |
| Traumatic Brain Injury (TBI) | | | | | |
| Visual Impairment (VI) | | | | | |
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| Special Education Initial Evaluation Data | | |
|--|------------------------|--------------------|
| | December Submission | June Submission |
| Number of Initial Special Education Referrals | | |
| Number of Initial Special Education Referrals that resulted in evaluations | | |
| Number of Initials found eligible for Special Education Services | | |
| Number of Initials found not eligible for Special Education Services | | |
| Number of students whose parent(s) rescinded consent for their child/student to be evaluated for special education eligibility | | |
| Percent of Initial Evaluations completed within the required timelines | | |



| Special Education Additional or Re-evaluation Data | | |
|---|------------------------|--------------------|
| | December Submission | June Submission |
| Number of Initial, Additional, and/or Re-evaluations completed | | |
| » Number of evaluations reported above that were completed within the required timelines | | |
| | | , |
| Special Education Discipline Data | | |
| | December Submission | June Submission |
| Number of students with IEPs suspended less than 10 cumulative school days | | |
| Number of students with IEPs suspended for 10 or more cumulative days | | |
| Number of students with IEPs who received a suspension for more than 10 consecutive days | | |
| Number of students with IEPs expelled | | |
| Number of students with IEPs placed into an Interim Alternative Placement due to "Special Factors" (Weapon, drugs, or serious bodily injury) | | |
| | Answer | Yes/No |
| Were FAPE services provided to all students beginning on the 11th day of removal? | | |
| December Submission — If no, explain: | | |
| >> June Submission — If no, explain: | | |
| Were all procedural requirements followed consistent with MARSE/IDEA for each "Change in Placement" (Including: Notice requirements, Procedural Safeguards provided to parent, MDR, Provision of FAPE services beginning on the 11th day of removal)? | | |
| >> December Submission — If no, explain: | | |
| >> June Submission — If no, explain: | | |



| Special Education Restraint and Seclusion | | | | | | | | | |
|---|------------------------|--------------------------------------|------------------------|--------------------|----------------------------------|--------------------|--|--|--|
| | | | | | December Submission | June Submission | | | |
| Number of students with IEPs reported to have be | en restrained | | | | | | | | |
| Range of restraint incidents for total students with | n IEPs; from leas | st times of year | to most (e.g. 1 t | o 4) | | | | | |
| Number of students with IEPs reported to have be | en placed in sec | clusion | | | | | | | |
| Range of seclusion incidents for total students with IEPs; from least to most (e.g. 1 to 4) | | | | | | | | | |
| | | | | | | | | | |
| State and Federal Special Education-Relate | d Complaints | | , | | , | | | | |
| | Education | Special Complaints (Catamaran) | Michigan Offic | e of Civil Right | ots Office of Civil Rights (OCR) | | | | |
| | December Submission | June Submission | December Submission | June Submission | December Submission | June Submission | | | |
| Number of complaints received | | | | | | | | | |
| Number resolved through an agreement | | | | | | | | | |
| Number dismissed by the agency | | | | | | | | | |
| Number in process/under investigation | | | | | | | | | |
| Number requiring corrective action | | | | | | | | | |
| Number of cases officially closed by the referenced agency | | | | | | | | | |
| | Answer | Yes/No | Answer | Yes/No | Answer Yes/No | | | | |
| Were all corrective actions completed within required timelines? | | | | | | | | | |
| >> December Submission — If no, explain: | | | | | - | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| >> June Submission — If no, explain: | | | | | | | | | |
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2022-2023

Special Education Programs and Services Staff and Contract Provider Information

The school must ensure a "continuum of alternative placements" is available, so each child with a disability may be educated in the least restrictive environment (LRE). In addition, the school must verify that service providers/teachers are fully licensed/endorsed consistent with state requirements and MARSE.

For the **December report submission**, please complete the chart below with data that reflects the school's fall count report (September – November).

For the **June report submission**, if changes are needed to the data provided below an addendum to this report will be required. A blank Staff and Contract Provider table is provided with this form for the school's use in submitting any revised year-end data.

| | Servic | um of SE es LRE ions | | Employ | yment Infor | mation | | Mic | ensing RSE ts | |
|--|--|--|-----------------------------|--|--|------------------------|---|-------------------------------------|----------------------------|--|
| Types of Special Education Services and Program Options | Check all options currently available at your school | Check all options currently implemented at your school | Total Staffing Headcount | Total FTE for each service provider | Total FTE Employed by the school or management co. | Total FTE ISD employed | Total FTE Contracted/ Purchased Services | Providers are fully credentialed | Credentials are on file | ISD provided contracted providers credentialed |
| | ပ | ಕ | | | • | P | 5 2 | ļ , | Answer Yes/N | 0 |
| Ancillary/Itinerant Services | : | | | | | | | | | |
| Speech/Language Path | | | | | | | | | | |
| School Social Worker | | | | | | | | | | |
| Occupational Therapist | | | | | | | | | | |
| Physical Therapist | | | | | | | | | | |
| School Psychologist | | | | | | | | | | |
| Assistive Technology | | | | | | | | | | |
| Orientation & Mobility | | | | | | | | | | |
| Other (specify) | | | | | | | | | | |
| Teacher Consultant: | | | | | | | | | | |
| EI | | | | | | | | | | |
| LD | | | | | | | | | | |
| CI | | | | | | | | | | |
| ASD | | | | | | | | | | |
| DHH | | | | | | | | | | |
| VI | | | | | | | | | | |
| РОНІ | | | | | | | | | | |
| Other (specify) | | | | | | | | | | |



| | Continu Servic Opt | | Employment Information | | | Credentials/Licensing Michigan/MARSE Requirements | | | | |
|--|---|---|-----------------------------|--|--|---|---|----------------------------------|-------------------------|--|
| Types of Special Education Services and Program Options | Checkall options currently available at your school | Checkall options currently implemented at your school | Total Staffing Headcount | Total FTE for each service provider | Total FTE Employed by the school or management co. | Total FTE ISD employed | Total FTE Contracted/ Purchased Services | Providers are fully credentialed | Credentials are on file | ISD provided contracted providers credentialed |
| Special Education Programn | ning: | | | | | | | , | thewer respire | |
| Gen Ed with Ancillary/Itinerant Support | | | | | | | | | | |
| Itinerant Support | | | | | | | | | | |
| Co-Teaching in Gen Ed (Collaborative Team Teaching with Gen Ed & Special Ed) | | | | | | | | | | |
| Pull-out Resource Room | | | | | | | | | | |
| Categorical Classroom (List type of program) | | | | | | | | | | |
| Regional Categorical Programs | | | | | | | | | | |
| Special Schools (Center based programs, regional programs) | | | | | | | | | | |
| Home Based Instruction (not homebound/hospitalized) | | | | | | | | | | |
| Homebound/Hospital Based Instruction | | | | | | | | | | |
| Residential/Institution Instruction | | | | | | | | | | |
| Paraprofessional (Para) Stat | ffing: | | | | | | | | | |
| LRE Aide/Behavior Para (supports inclusion) | | | | | | | | | | |
| Health Care Aide/Para | | | | | | | | | | |
| SE Classroom Program Aide/ Para (MARSE/ISD Plan) | | | | | | | | | | |
| Act 18 ISD funded Para | | | | | | | | | | |