

NC STATE BOARD OF EDUCATION DROPOUT RECOVERY PILOT PROGRAM

DATE:

LOCAL BOARD OF EDUCATION:	PHONE NUMBER:
LOCAL BOARD OF EDUCATION ADDRESS:	CITY, STATE, ZIP:
SUPERINTENDENT'S NAME:	PROJECT MANAGER'S NAME:
SUPERINTENDENT'S PHONE:	PROJECT MANAGER'S TITLE:
SUPERINTENDENT'S EMAIL:	PROJECT MANAGER'S PHONE:
	PROJECT MANAGER'S EMAIL:

During the 2011 legislative session, the North Carolina General Assembly passed Session Law 2011-259 (see Attachment A) directing the State Board of Education (SBE) to establish a Dropout Recovery Pilot Program to be implemented in New Hanover County and three additional North Carolina school districts to be identified by the SBE. The purpose of the pilot program is to provide flexible scheduling, blended learning environments, and individualized, self-paced learning options that will re-engage high school dropouts and increase graduation rates in the pilot districts.

The pilot program requires interested local boards of education to partner with a non-profit or for-profit entity. The education partner shall provide educational services and programming; the local board of education shall provide program funding in accordance with Session Law 2011-259. The State Board of Education shall approve education partners prior to admitting districts to the pilot program. This application provides the information necessary for local school administrative units to apply for participation in the pilot; by submitting a completed application, applicants request both admission to the pilot program and SBE approval of the education partner. Local school administrative units may choose to partner with any non-profit or for-profit entity.

- Applications from local boards of education are due to the State Board of Education by 5:00 pm on August 15, 2011. **Applications received after this date and time will not be reviewed.**
- Responses are required for each item (A through L) below.
- Applications MUST be signed by the local board of education chairperson, the superintendent, and an agent of the education partner authorized to commit the organization to a binding legal contract. **Applications without all required signatures will not be reviewed.**
- Applications must be emailed to Debora Williams at debora.williams@dpi.nc.gov. Please include "Dropout Recovery Pilot Application" in the subject line.
- Applications will be reviewed by a committee of NC Department of Public Instruction (DPI) staff appointed by the Chair of the State Board of Education.
- Successful applicants will be notified by 5:00 pm on Thursday, September 1, 2011.

Please direct questions to Debora Williams at 919.807.3912 or debora.williams@dpi.nc.gov or Rob Hines at 919.807.3244 or rob.hines@dpi.nc.gov.

Local Board of Education Requirements

Local Boards of Education applying for the pilot commit to the following requirements:

- Enrolling participants as students in the district and reporting enrollment for the program;
- Working with the education partner to align with minimum state graduation requirements;
- Issuing diplomas to students who complete the program;
- Implementing flexible attendance requirements for participants;
- Remitting to the education partner 95% of the total per pupil funding provided by the Department of Public Instruction for each participant, within 15 days of receiving funds from the State;
- Reporting required data for pilot program participants, including students, teachers, and administrators;
- Participating in an evaluation of the pilot program;
- Adhering to contract requirements detailed in Attachment C; and
- Submitting for SBE approval the final contract between the local board of education and the education partner.

Education Partner Requirements

H822 enumerates specific minimum criteria required of applying education partners. Applicant local boards of education must respond to each of the required information items listed below. Where multiple data points are included within a requirement, applicants must respond to all requirements to be considered technically responsive.

EDUCATION PARTNER NAME:	
EDUCATION PARTNER ADDRESS:	CITY, STATE, ZIP:
EDUCATION PARTNER PHONE:	FEDERAL TAX ID:
EDUCATION PARTNER REGISTERED AGENT:	REGISTERED AGENT'S TITLE:
AGENT'S ADDRESS:	CITY, STATE, ZIP:
AGENT'S EMAIL:	AGENT'S PHONE:

A. Describe the rationale for selecting the proposed education partner. Explain whether other education partners were considered and why the local board of education selected this partner.

B. Provide the following information on the structure and governance of the education partner:

- 1. Describe the proposed governance structure for the education partner. Include a detailed organization chart showing the relationship of the governing body to the parents and staff of the proposed program, as well as any advisory council. This chart must include lines of authority to and from any outside entity that will play a role in managing the program.**
- 2. Submit a current resume of each board member highlighting his or her experiences over the past ten or more years.**
- 3. Submit proposed by-laws, which must include a Conflict of Interest Policy for board members and a stated commitment to the NC Open Meetings Law (*G.S.143.318.9 et seq*). Describe how the governing board will ensure that current and future board members avoid conflicts of interest.**
- 4. Provide a copy of the articles of incorporation.**
- 5. Describe the governing board's functions, duties, roles and responsibilities as it relates to overseeing the program and its mission.**
- 6. Explain the decision-making processes the board will use to develop operating policies.**
- 7. Specify the organization's performance-based goals and measurable objectives for the program. Organizational goals and measurable objectives should describe and measure the effectiveness and viability of the organization.**

C. Describe the education partner's recent history of providing dropout recovery services to high school students in charter or non-charter public schools.

D. Provide evidence of at least two years of the education partner's relevant experience operating and providing services to brick-and mortar public schools.

E. Describe the education partner's experience providing comprehensive online learning programs. Demonstrate at least two years of relevant experience.

F. Describe the education partner's relevant experience serving diverse student populations, including socioeconomically disadvantaged students, limited English proficient students, at-risk students, and children with special needs.

G. Explain how the education partner will ensure its instructional content is aligned with State standards. Specifically, address the compliance with the Future-Ready Core and how the partner will ensure a successful transition from the current NC Standard Course of Study to the Common Core and Essential Standards, beginning with the 2012-13 school year.

H. Describe the education partner's processes for recruiting and hiring State-certified teachers, including hiring criteria. Address teacher evaluation criteria and how teacher retention decisions will be made.

I. Describe the education partner's processes for recruiting and hiring qualified administrators, including hiring criteria. Address administrator evaluation criteria and how administrator retention decisions will be made.

J. Provide the education partner's plan to work with the local board of education and the State Board of Education to identify dropouts who need to be served and to reengage those students. Describe how dropouts will be identified and referred to the program.

K. Describe how the education partner will provide alternative education options for students at risk of dropping out and how those students will be identified and referred to the program.

L. Plan of Operation

Provide the education partner's plan of operation that includes the items below:

1. Specify the number and physical location of the education partner's proposed site(s) and a list of any equipment required for start-up.

2. Describe in detail the transportation plan that will ensure that no child is denied access to the school due to lack of transportation.

3. Describe how the education partner’s plan will adhere to federal, state and local health and safety laws and regulations, including:

- a. Safety;**
- b. Immunization of students;**
- c. Fire and safety regulations ;**
- d. Food inspections;**
- e. Hazardous chemicals;**
- f. Blood-borne pathogens;**
- g. Diabetes care plans;**
- h. Providing students in grades 9-12 with information on how a parent may lawfully abandon a newborn; and**
- i. Providing parents and guardians with information about meningococcal meningitis and influenza and their vaccines at the beginning of each year and cervical cancer, cervical dysplasia, human papillomavirus, and the vaccines available to prevent diseases.**

4. Provide the education partner’s program calendar and daily schedule. Explain how the calendar and schedule meet the needs of prospective students. The schedule must include at least four hours per school day of on-site learning at a physical location.

5. Specify the education partner’s anticipated student-to-teacher ratios by content area.

6. Describe each instructional method to be used by the education partner. Detail the number of hours per day that each method will be used.

7. Describe the education partner's plan for determining student differentiation needs and for providing differentiated instruction to students. Differentiated instruction must include options for individualized, group and online instructional components.

8. Describe the education partner's capacity for assessing, recording, and responding to students' academic progress on a daily basis using standards-aligned assessments.

9. Describe the education partner's system of providing competency-based credit.

10. Describe the education partner's system for providing data to the local board of education to meet federal, state and local reporting requirements, including but not limited to:

- a. Student performance**
- b. Enrollment**
- c. Teacher qualifications, including experience level**
- d. Administrator qualifications, including experience level**

11. Describe the education partner's procedure and method for evaluating the overall effectiveness of the proposed program as related to its mission.

12. Include the education partner's detailed budget with your application (see Attachment B).

13. Describe the education partner's procedure and method for conducting an independent financial audit of its program activities. Provide the name, complete mailing address, telephone number and fax number of the firm approved by the NC Local Government Commission (LGC) that will conduct the audit.

14. Include a copy of the proposed contract between the applicant local board of education and education partner. The contract must incorporate the minimum terms and conditions detailed in Attachment C. The applicant local board of education and education partner may agree to additional and more stringent terms and conditions.

Application Partner Signatures

(Signatures of all partners are required)

By signing this application, all parties affirm that the information contained herein is true and accurate, and that, if this application is approved, the State Board of Education reserves the right to revoke said approval and withhold, discontinue, and/or request repayment of funds for material violation of any of the representations, conditions, standards, or procedures set forth in the application or contract, failure to meet generally accepted standards of fiscal management, violation of law, or other good cause warranting non-renewal or termination.

NOTE: If you are completing this form electronically your signature may be replaced by entering your name and date in the respective boxes below. With this you are signing this application and all information above is still in effect. You are certifying that all representations made in this application are true and correct to the best of your knowledge. This serves the same purpose as a notarized signature.

Local Education Agency:

Chairperson, Local Board of Education _____ Date

Superintendent, Local Education Agency _____ Date

Education Partner:

Authorized Agent _____ Date

Post-evaluation Signatures

(Applicants please leave this area blank)

Selected Not selected

Chairperson, State Board of Education _____ Date