

**2003-2004**

**Charter School  
Annual Accountability Report**

County: \_\_\_\_\_

***Please print all information in black ink.***

Charter School Name: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

School Number: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

School Address: \_\_\_\_\_

Governing Board Chair: \_\_\_\_\_ Phone: \_\_\_\_\_

**REQUIRED SIGNATURE:**

\_\_\_\_\_  
*Signature of Principal*

\_\_\_\_\_  
*Date of Signature*

\_\_\_\_\_  
*Signature of Charter School Governing Board Chair*

\_\_\_\_\_  
*Date of Signature*

Submitted to district by \_\_\_\_\_ on \_\_\_\_\_ to \_\_\_\_\_  
*Name of Charter Staff Date of Submission Name of District Staff*

Superintendent Name: \_\_\_\_\_ District: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

School Board Chair: \_\_\_\_\_ Phone: \_\_\_\_\_

District Charter School Contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**REQUIRED SIGNATURES:**

\_\_\_\_\_  
*Signature of Superintendent*

\_\_\_\_\_  
*Date of Signature*

Submitted to FDOE by \_\_\_\_\_ on \_\_\_\_\_ to \_\_\_\_\_  
*Name of District Staff Date of Submission Name of DOE Office*

**Section I: General School Information**

**A. Length of Charter:**

- 1. Year School Opened: \_\_\_\_\_
  - 2. Number of years in original charter contract: \_\_\_\_\_
  - 3. Has your charter been renewed? Yes or No (circle)
  - 4. If so, how long is the renewal period? \_\_\_\_\_
  - 5. Is your charter school accredited? Yes or No (circle)
- By: \_\_\_\_\_

**B. School Type: (mark all that apply)**

School Type	Yes	No
Conversion school		
Operated by a management company	<i>Company Name:</i>	
Operated by a municipality	<i>Municipality:</i>	
Operated under a partnership with a university or community college	<i>College/University:</i>	
Charter school in the workplace		
Traditional charter school		

**C. Mission Statement: (maximum of 250 words)**

---



---



---



---



---



---

**Section II: Student Curriculum & Achievement**

**A. Local School Goals & Performance Outcomes**

*The following must be completed for each goal listed in the charter contract:*

- **Goal # \_\_\_\_\_:** *State the goal:* \_\_\_\_\_

Baseline:	
Projection:	
Actual:	

**If actual did not meet or exceed projection, provide a detailed explanation:**

---



---

***COPY PAGE 3 AND INSERT ADDITIONAL PAGES AS NECESSARY***

There are \_\_\_\_\_ (#) additional pages of local goals attached to this report.

- **Goal #** \_\_\_\_\_ : *State the goal:* \_\_\_\_\_

Baseline:	
Projection:	
Actual:	

**If actual did not meet or exceed projection, provide a detailed explanation:**

---

---

- **Goal #** \_\_\_\_\_ : *State the goal:* \_\_\_\_\_

Baseline:	
Projection:	
Actual:	

**If actual did not meet or exceed projection, provide a detailed explanation:**

---

---

- **Goal #** \_\_\_\_\_ : *State the goal:* \_\_\_\_\_

Baseline:	
Projection:	
Actual:	

**If actual did not meet or exceed projection, provide a detailed explanation:**

---

---

- **Goal #** \_\_\_\_\_ : *State the goal:* \_\_\_\_\_

Baseline:	
Projection:	
Actual:	

**If actual did not meet or exceed projection, provide a detailed explanation:**

---

---

- **Goal #** \_\_\_\_\_ : *State the goal:* \_\_\_\_\_

Baseline:	
Projection:	
Actual:	

**If actual did not meet or exceed projection, provide a detailed explanation:**

---

---

**B. Overall School Performance**

- 1. What percentage of local goals stated in Section II.A. did your school meet? \_\_\_\_\_
- 2. What was your school grade for the 2003-04 year? \_\_\_\_\_
- 3. What was your school grade score for the 2003-04 year? \_\_\_\_\_
- 4. Did your school make AYP for the 2003-04 year? Yes or No
- 5. What percent of AYP criteria did your school make in 2004? \_\_\_\_\_

**ATTACH:** Attach a copy of your school report card to the end of this report. You may obtain a copy at <http://schoolgrades.fl DOE .org>

**C. Curriculum**

**1. Reading**

- o Name of Program: \_\_\_\_\_
- o Is the program adopted by the State of Florida? YES NO (circle one)

**2. Writing**

- o Name of Program: \_\_\_\_\_
- o Is the program recommended by the State of Florida? YES NO (circle one)

**3. Mathematics**

- o Name of Program: \_\_\_\_\_
- o Is the program recommended by the State of Florida? YES NO (circle one)

**4. Science**

- o Name of Program: \_\_\_\_\_
- o Is the program recommended by the State of Florida? YES NO (circle one)

**D. Instructional Model & Instructional Strategy (i.e., the philosophy under which the school operates and the way the philosophy is carried out in the classroom) (100 words or less)**

---

---

---

---

---

---

**E. FCAT Performance**

**ATTACH:** Attach a copy of your school's FCAT report to the end of this report. You may obtain a copy at <http://fcats.fl DOE .org>

**Directions:**

- o Click on "Interactive Searchable FCAT Website"
- o Highlight and select your school district in "Step 1"
- o Highlight and select both "Reading" and "Math" (hold shift down to highlight both)
- o Highlight and select "School" in "Step 3"
- o Press "Continue"
- o Highlight grade level "3" and hold the shift key to highlight all grade levels in "Step 4"

- Highlight "Number of Students" and hold shift key to highlight all data fields in "Step 5"
- Highlight "2004" in "Step 5"
- Highlight "2004" and hold shift key to also highlight "2003" in "Step 6"
- Press "Select Schools"
- Highlight your school and press "View Report" for your school
- Print the charts and attach to this report

**F. School Performance by AYP Area**

**ATTACH:** Attach a copy of your school report card to the end of this report. You may obtain a copy at <http://web.fldoe.org/NCLB/default.cfm>

**Directions:**

- Highlight "School" in "Step One" and Press "Continue"
- Highlight your county in "Step Two" and Press "Continue"
- Highlight your school in "Step Three" and Press "Continue"
- Print your school's summary AYP report on this page
- Click to see a "detailed report" (second row left hand side)
- Print your school's detailed AYP report on this page
- Attach both the summary and detailed AYP reports to this annual report

**G. Targeted Priorities**

Based on your school's 2004 FCAT and AYP results, identify your top five priority areas of improvement by grade level, subject area, and student demographic group for 2004-2005.

- |                 |                |                      |
|-----------------|----------------|----------------------|
| 1. Grade: _____ | Subject: _____ | Student Group: _____ |
| 2. Grade: _____ | Subject: _____ | Student Group: _____ |
| 3. Grade: _____ | Subject: _____ | Student Group: _____ |
| 4. Grade: _____ | Subject: _____ | Student Group: _____ |
| 5. Grade: _____ | Subject: _____ | Student Group: _____ |

**Section III: Student Information**

**A. Student Population Information (Respond to questions using your February 2004 FTE count)**

<b>Grade Level</b>	<b>Number Enrolled</b>	<b>% of Total Pop.</b>
Kindergarten		
Grade 1		
Grade 2		
Grade 3		
Grade 4		
Grade 5		
Grade 6		
Grade 7		
Grade 8		
Grade 9		
Grade 10		
Grade 11		
Grade 12		
<b>TOTAL ENROLLMENT</b>		100%

**B. Student Ethnicity**

<b>Ethnicity</b>	<b>Number Enrolled</b>	<b>% of Total Pop.</b>
Asian students		
African-American students		
Hispanic students		
White students		
Other ethnic groups		
Unknown/Not reported		
<b>TOTAL ENROLLMENT</b>		100%

**C. Student Characteristics**

<b>Characteristic</b>	<b>Number Enrolled</b>	<b>% of Total Pop.</b>
Gifted students		
Students with disabilities		
Students with disabilities with an IEP		
Students meeting kindergarten readiness expectations		
Students eligible for free and reduced-price lunch		

**D. School Admission Lottery**

Do you use a lottery waiting list to select students for attendance? Yes or No

If you answered "Yes" to question 1, then:

- o # of students on lottery waiting list to attend charter school for 2003-04 year: \_\_\_\_\_
- o # of students accepted for the 2003-04 year from the lottery waiting list: \_\_\_\_\_
- o % of students accepted off lottery list: \_\_\_\_\_

If you answered "No" to question 1, then describe the system by which you select students for enrollment: \_\_\_\_\_

**E. Student Mobility Rate**

Please calculate your mobility rate (use the February 2004 FTE count), using the following formula:

$$\frac{(\# \text{ students moving in to the school} + \# \text{ students moving out of school})}{\text{total number of students}} = \underline{\hspace{2cm}}$$

**F. School Safety Information**

Number of incidents of violence, weapons violations, vandalism, substance abuse, and harassment on the bus, campus and school (students may have multiple incidents) \_\_\_\_\_

**G. Student Absenteeism, Suspensions & Expulsions**

Activity	Number	% of Total Pop.
Students absent 1 to 20 days		
Students absent 20+ days		
Students suspended in school		
Students suspended out of school		
Students expelled		

**H. Student Progression**

Activity	Number	% of Grade Level Students
Promoted 3 <sup>rd</sup> grade students		
Promoted 8 <sup>th</sup> grade students		
Promoted 10 <sup>th</sup> grade students		
Students graduating from high school		
Students over age 16 that dropped out of school		

**I. Postsecondary Preparedness**

Activity	#	Mean Score	% Making Minimum Passage Score for Placement into College-Level Courses
Students taking the Pre-Scholastic Aptitude Test (PSAT)			
Students taking the Scholastic Aptitude Test (SAT)			
Students taking the American College Test (ACT)			
Students taking the College Placement Test (CPT)			

**J. Class Size**

Grade Levels	Students per Class	
	Constitutional Goal	Actual
Pre-K through Grade 3	18 students	
Grades 4 through 8	22 students	
Grades 9 through 10	25 students	

**Section IV: School Personnel**

**A. Staff Overview**

Classification	Number	% of Total School Staff
Administrators		
Instructional Staff (Teachers)		
Support Staff		
Other Staff (List: _____ )		
Consultants		

**B. Certified Instructional Personnel**

Certification Status	Number of Teachers	% of Total Teachers in School
Holding Florida Temporary Certificate		
Holding Florida Professional Certificate		
Deemed "qualified" by governing board		
Teachers teaching in field of certification		
Teachers teaching out of field of certification		

**C. Staff Characteristics**

Characteristic	Number
Teachers with Master's degree or higher	
Teachers with National Board Certification	
Average years of experience for all teachers	
Reading Specialists or Coaches	
Exceptional Student Education Specialists	
School Guidance Counselors	
School Nurses	

**D. Charter School Personnel (Complete the following chart for every charter school employee)**

Full Name:		
Title, including area specialty if applicable:		
Circle one: Administrator – Teacher - Support Staff – Consultant - Other (explain)		
Florida Certification (circle): Temp Teacher - Prof Teacher - Eligible Teacher - Administrator		
Annual Salary: \$	Annual Benefits: \$	
List benefits:		
Criminal Background Check (circle one):	Satisfactory	Unsatisfactory
Related to any other charter school employee (circle one):	YES	NO
If so, state relationship:		

Full Name:		
Title, including area specialty if applicable:		
Circle one: Administrator – Teacher - Support Staff – Consultant - Other (explain)		
Florida Certification (circle): Temp Teacher - Prof Teacher - Eligible Teacher - Administrator		
Annual Salary: \$	Annual Benefits: \$	
List benefits:		
Criminal Background Check (circle one):	Satisfactory	Unsatisfactory
Related to any other charter school employee (circle one):	YES	NO
If so, state relationship:		

***COPY PAGE 9 AND INSERT ADDITIONAL PAGES AS NECESSARY***

There are \_\_\_\_\_ (#) additional pages of personnel information attached to this report.



Full Name:
Title, including area specialty if applicable:
Circle one: Administrator – Teacher - Support Staff – Consultant - Other (explain)
Florida Certification (circle): Temp Teacher - Prof Teacher - Eligible Teacher - Administrator
Annual Salary: \$ Annual Benefits: \$
List benefits:
Criminal Background Check (circle one): Satisfactory Unsatisfactory
Related to any other charter school employee (circle one): YES NO
If so, state relationship:

Full Name:
Title, including area specialty if applicable:
Circle one: Administrator – Teacher - Support Staff – Consultant - Other (explain)
Florida Certification (circle): Temp Teacher - Prof Teacher - Eligible Teacher - Administrator
Annual Salary: \$ Annual Benefits: \$
List benefits:
Criminal Background Check (circle one): Satisfactory Unsatisfactory
Related to any other charter school employee (circle one): YES NO
If so, state relationship:

Full Name:
Title, including area specialty if applicable:
Circle one: Administrator – Teacher - Support Staff – Consultant - Other (explain)
Florida Certification (circle): Temp Teacher - Prof Teacher - Eligible Teacher - Administrator
Annual Salary: \$ Annual Benefits: \$
List benefits:
Criminal Background Check (circle one): Satisfactory Unsatisfactory
Related to any other charter school employee (circle one): YES NO
If so, state relationship:

Full Name:
Title, including area specialty if applicable:
Circle one: Administrator – Teacher - Support Staff – Consultant - Other (explain)
Florida Certification (circle): Temp Teacher - Prof Teacher - Eligible Teacher - Administrator
Annual Salary: \$ Annual Benefits: \$
List benefits:
Criminal Background Check (circle one): Satisfactory Unsatisfactory
Related to any other charter school employee (circle one): YES NO
If so, state relationship:

Full Name:
Title, including area specialty if applicable:
Circle one: Administrator – Teacher - Support Staff – Consultant - Other (explain)
Florida Certification (circle): Temp Teacher - Prof Teacher - Eligible Teacher - Administrator
Annual Salary: \$ Annual Benefits: \$
List benefits:
Criminal Background Check (circle one): Satisfactory Unsatisfactory
Related to any other charter school employee (circle one): YES NO
If so, state relationship:

**E. Governing Board**

Name	Affiliation	Term (mo/yr – mo/yr)	Related to a Charter School Employee? (YES or NO)

**Section V: Facilities**

**A. Current Facility Usage**

Characteristics	Response
Building total square footage (total)	
Acreage of property	
Number of classrooms	
Number of laboratories	
Number of portables	
Ratio of computers to students	
Total investment in facilities (dollar amt)	

Facility Characteristics (Check YES or NO)	YES (if so, how many)	NO
Media Center		
Gymnasium (If “no”, then describe where students participate in physical education activities):		
Administrative Offices		
Student Bathrooms		
Playground		
Car Pickup Area		
Bus Pickup Area		
Leased Building		
Owned Building		
Urban Setting		
Rural Setting		
Suburban Setting		

**B. Current Facility Usage**

Space Usage	Total Square Footage	% of Total Facility Square Footage	Per Student Square Footage
Classroom/Instructional			
Administrative			
Media Center, Gym, Cafeteria, etc.			
Other (describe):			

**C. Anticipated Future Facilities Needs**

Reason(s):

- o To accommodate \_\_\_\_\_ (#) current students
- o To accommodate \_\_\_\_\_ (#) new students
- o For investment purposes    Yes            No            **(circle one)**

Anticipated Space Usage	Total Square Footage	% of Total Facility Square Footage	Per Student Square Footage
Classroom/Instructional			
Administrative			
Media, Gym, Cafeteria, etc.			
Other (describe):			

**D. Inspections and Audits (attach a copy of each report)**

1. Did you have Fire Code comments?                    NO            YES, \_\_\_\_\_ (number of comments)
2. Did you have district inspection comments?        NO            YES, \_\_\_\_\_ (number of comments)
3. Did you have Financial Audit Findings?            NO            YES, \_\_\_\_\_ (number of findings)

**NOTE: If there is an identified deficiency in any of these reports, provide a thorough explanation of the corrective action that has been or will be taken (with an established deadline for completion).**

**VI. Transportation**

- A. What percentage of your students rely on school provided transportation? \_\_\_\_\_
- B. What means of transportation does your school utilize (district busses, vans, etc.)? \_\_\_\_\_

---



---



---

You must attach a copy of the following documents to this report, in this order:

1. Additional local goal sheets (as necessary)
2. Your 2004 school report card (printed according to directions)
3. Your 2004 FCAT performance report (printed according to directions)
4. Your 2004 AYP reports – both summary and detail reports (printed according to directions)
5. Additional school personnel sheets (as necessary)
6. Your school inspection report by the school district and explanation of corrective action plan, if necessary
7. Your school fire code inspection report and explanation of corrective action plan, if necessary
8. Your school's independent financial audit report and explanation of corrective action plan, if necessary
9. FTE Projections for 2004-05 by grade level

**Section VI: Revenue and Expenditure Template**

<b>Revenues</b>	<b>Charter (total)</b>	<b>Charter (per student)</b>	<b>District (total)</b>	<b>District (per student)</b>
<b>State Revenue</b>				
Florida Education Finance Program				
Discretionary Millage Funds				
Discretionary Equalization Allocation				
Transportation				
Food Services				
Discretionary Lottery Funds				
Instructional Materials				
Instructional Technology				
Class Size Reduction				
Other State Categoricals				
<b>Total State General Revenue</b>				

<b>Special Revenue</b>	
Donations and Fundraising	
Federal Charter School Grant	
<b>Total General &amp; Special Revenue</b>	

<b>Expenditures</b>			
Instruction			
Instructional Support			
School Administration			
Governing Board and Legal Services			
Facilities Acquisition & Construction			
Fiscal Services			
Central Services			
Food Services			
Pupil Transportation Services			
Operation of Plant			
Maintenance of Plant			
<b>Total Expenditures</b>			
<b>Net Revenue/Deficiency</b>			

**Explain your corrective action plan if you have a deficiency because your expenditures exceed your revenues: (100 words or less)**

---



---



---



---

**Section VII: Charter School Response 2003-2004**

Please respond to the following question by placing the number of your corresponding answer in the “#” column next to the question.

<b><i>Student Performance</i></b>	<b>#</b>
<p>I. Did the charter school meet student achievement goals?</p> <ol style="list-style-type: none"> <li>1. Met no goals</li> <li>2. Met some goals</li> <li>3. Met most goals</li> <li>4. Met all goals</li> <li>5. Exceeded all goals</li> </ol> <p>Comment:</p>	—
<p>II. How did the school perform compared to the previous year with school grades?</p> <p>NG Not graded last year</p> <ol style="list-style-type: none"> <li>1. Dropped at least one grade</li> <li>2. Stayed at the same grade</li> <li>3. Improved by at least one grade</li> </ol> <p>Comment:</p>	—
<p>III. How did the school perform compared to the previous year on AYP?</p> <p>NG Not graded last year</p> <ol style="list-style-type: none"> <li>1. Did not make AYP in either year and did not improve in any categories</li> <li>2. Did not make AYP in either year, but improved in at least one category this year</li> <li>3. Made AYP last year, but did not make AYP this year</li> <li>4. Made AYP this year and last year</li> <li>5. Did not make AYP last year, but made AYP this year</li> </ol> <p>Comment:</p>	—
<b><i>Finance</i></b>	<b>#</b>
<p>IV. How did the school perform in meeting financial obligations?</p> <ol style="list-style-type: none"> <li>1. Expenditures far exceeded revenue enough to show a deficit with total funds</li> <li>2. Expenditures exceeded revenue, but not by enough to show a deficit with total funds</li> <li>3. Revenues were adequate to account for expenditures</li> <li>4. Revenues exceeded expenditures</li> <li>5. Revenues far exceeded expenditures</li> </ol> <p>Comment:</p>	—
<b><i>Facilities</i></b>	<b>#</b>
<p>V. How well did the charter school facility meet student capacity needs?</p> <ol style="list-style-type: none"> <li>1. Not enough capacity for participating students</li> <li>2. Pushing capacity for participating students</li> <li>3. Adequate capacity for participating students</li> <li>4. Can expand to accommodate some students</li> <li>5. Can expand to accommodate many students</li> </ol> <p>Comment:</p>	—

<p>VI. How did the facility rate with respect to quality in meeting student safety and security needs?</p> <ol style="list-style-type: none"> <li>1. Inadequate</li> <li>2. Adequate, but in need of improvement</li> <li>3. Adequate</li> <li>4. Good</li> <li>5. Excellent</li> </ol> <p>Comment:</p>	<p>—</p>
<b>Personnel</b>	
<p>VII. How well did the school's teachers meet Florida Teacher Certification requirements?</p> <ol style="list-style-type: none"> <li>1. No teachers met requirements</li> <li>2. Some teachers met requirements</li> <li>3. At least half of teachers met requirements</li> <li>4. The majority of teachers met requirements</li> <li>5. All teachers met requirements</li> </ol> <p>Comment:</p>	<p>—</p>
<p>VIII. How well do the school's teachers meet NCLB "highly qualified" teacher qualification requirements?</p> <ol style="list-style-type: none"> <li>1. No teachers met requirements</li> <li>2. Some teachers met requirements</li> <li>3. At least half of teachers met requirements</li> <li>4. The majority of teachers met requirements</li> <li>5. All teachers met requirements</li> </ol> <p>Comment:</p>	<p>—</p>
<b>Other</b>	
<p>IX. What was your status in meeting class size requirements by deadline? Date: _____</p> <ol style="list-style-type: none"> <li>1. School did not meet requirements by deadline</li> <li>2. School had some challenges and did not meet requirements by deadline</li> <li>3. School had some challenges, but met requirements by deadline</li> <li>4. School already met requirements</li> <li>5. School met requirements and had room grow</li> </ol> <p>Comment:</p>	<p>—</p>
<b>Other</b>	
<p>X. How well did the <b>school district</b> meet its contractual obligations?</p> <ol style="list-style-type: none"> <li>1. Did not meet any requirements</li> <li>2. Met most but not all requirements</li> <li>3. Met all requirements</li> <li>4. Met all and exceeded requirements for most issues</li> <li>5. Far exceeded contractual requirements</li> </ol> <p>Comment:</p>	<p>—</p>

<p>XII. Overall Charter School Performance Rating.</p> <ol style="list-style-type: none"> <li>1. Deficient</li> <li>2. Poor</li> <li>3. Satisfactory</li> <li>4. Good</li> <li>5. Excellent</li> </ol> <p>Comment:</p>	<p>—</p>
--	----------

This report and all required attachments must be submitted to your school district by a date established by your sponsoring school district so that the district can meet the **November 1, 2004** postmark deadline to the DOE.

Please contact Nancy Scowcroft at (850) 322-5093 or by email at [nancy.scowcroft@fldoe.org](mailto:nancy.scowcroft@fldoe.org), if you have questions.