

2004-2005

**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 SIGNATURES:

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(specify if lab school):</i>	
Charter school in the workplace		
Traditional charter school		

Section II: Student Curriculum & Achievement

A. Local School Goals & Performance Outcomes

Complete the following 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:

- **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 2004-05 year? _____
3. What was your school grade score for the 2004-05 year? _____
4. Did your school make AYP for the 2004-05 year? Yes or No
5. What percent of AYP criteria did your school make in 2005? _____

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

C. 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.fldoe.org>

Directions:

- Click on "Click here for the Complete Individual District and School Reports"
- Select your school district
- Click on "School Level Reports"
- Click on "Individual School Reports"
- Select your school name
- Print the charts and attach to this report

D. 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://fldoe.org/NCLB/>

Directions:

- Click on "Adequately Yearly Progress for 2004-05"
- 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

Section III: Student Information

A. School Admission Lottery

1. Does your school use a lottery waiting list to select students for attendance? Yes or No
2. If you answered "Yes" to question 1, please provide the following:
 - # of students on lottery waiting list to attend charter school for 2004-05 year: _____
 - # of students accepted for the 2004-05 year from the lottery waiting list: _____
 - % of students accepted off lottery list: _____
3. If you answered "No" to question 1, please describe the system by which you select students for enrollment: _____

B. 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)			

C. 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 (full-time)		
Instructional Staff (part-time)		
Paraprofessionals		
Clerical		
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		
Teachers teaching in field of certification		
Teachers teaching out of field of certification		

C. Staff Characteristics

Characteristic	Number
Teachers with Bachelor's degree	
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:		

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 7 AND INSERT ADDITIONAL PAGES AS NECESSARY

There are _____ (#) additional pages of local goals 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:
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Related to any other charter school employee (circle one): YES NO
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Full Name:
Title, including area specialty if applicable:
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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:

Section V: Facilities –

A. Current Facility Usage -

Summary Data	Number
Total Permanent Buildings	
Total Relocatable Buildings	
Total Permanent Student Stations	
Total Relocatable Student Stations	
Total Student Stations	
Total Student Capacity	
Total Permanent Classrooms	
Total Relocatable Classrooms	
Total Classrooms	

Type Classrooms	Number
Total Elementary Classrooms	
Total Middle Classrooms	
Total Senior Classrooms	
Total ESE Classrooms	
Total Voc Ed Classrooms	
Total Other Classrooms	

Total Space	Number
Total Net Square Feet	
Total Permanent Net Square Feet	
Total Relocatable Net Square Feet	
Total Instructional Net Square Feet	
Total Capital Outlay FTE	

Relocatable Facilities	Number
Total Relocatable Classrooms	
Total Relocatable Units	
Total Owned Units	
Total District Owned Units	
Total Leased Units	
Total Rented Units	

Capital Outlay FTE (COFTE) Enrollment	Number
Total Elementary COFTE	
Total Middle COFTE	
Total Senior High COFTE	
Total COFTE	

B. Anticipated Future Facilities Plans

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):			

C. Inspections and Audits

Attach a copy of Fire Code, Safety Inspection, and Financial Audit.

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 2005-06 by grade level

Section VI: Revenue and Expenditure Template

Revenues	Charter (total)	Charter (per student)
State Revenue		
Florida Education Finance Program		
Discretionary Millage Funds		
Discretionary Tax Equalization Allocation		
Transportation		
Food Services		
Discretionary Lottery Funds		
Instructional Materials		
Instructional Technology		
Class Size Reduction		
Teacher Training		
Florida Teachers Lead Program Stipend		
Other State Categoricals		
Total State General Revenue		

Special Revenue		
Donations and Fundraising		
Federal Charter School Grant		

Total General & Special Revenue		
Expenditures		
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		
Total Expenditures		
Net Revenue/Deficiency		

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, 2005** postmark deadline to the DOE.

Please contact Karen Hines-Henry at (850) 245-0502 or by email at karen.hines@fldoe.org you have questions.