

Virtual School Assurances_05152019_15:14

Virtual School Assurances

Alabama Department of Education (ALSDE)

Last Modified: 05/15/2019

Status: Open

TABLE OF CONTENTS

Virtual School Assurances	3
ATTACHMENT SUMMARY.....	8

Virtual School Assurances

Virtual School Assurances

1. Does your school system have a policy addressing how the system will provide a virtual option for students in Grades 9 through 12, at a minimum?

If yes, please attach the policy or evidence below.

- Yes
- No

COMMENTS

ATTACHMENTS

Please be sure to upload the files in the Attachments section at the end of the diagnostic.

2. Are your virtual courses accredited by a regional or national accrediting agency that is verified by the Alabama State Department of Education (ALSDE)?

If yes, please attach the agency credentials and the ALSDE Verification below.

- Yes
- No

COMMENTS

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3. Do your virtual students comply with the following requirements?

Please provide evidence of the requirements below, as well as a signed assurance from the system superintendent stating that the requirements have been met.

(a) Students are currently enrolled or shall be enrolled and participating in a number of courses sufficient for matriculation from grade to grade, and in case of Grades 9 -12, are on track for high school graduation in four years.

(b) Students are not enrolled at the same time in another public or nonpublic K-12 school.

(c) Students are enrolled in the local system. When the term local is used in this document, it shall refer to the school system from which the student is receiving the virtual education.

(d) Students are participating in state accountability in the local system in which the students are receiving the education.

(e) The school is complying with the local board policy for virtual option delivery adopted by the local system in which the student is receiving the virtual education.

(f) Students will be awarded a diploma upon satisfying the graduation requirements of the state and local systems where they received the virtual education.

(g) Students who are enrolled as “Guest” students in a virtual school for one or more courses shall not be counted for state funding on the virtual school's student count and shall pay for the “guest” students virtual courses. A “Guest” student is defined as a student that takes one or more virtual courses but does not meet the full-time definition described in (a).

- Yes
- No

COMMENTS

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4. Does your system have an alignment and crosswalk of the virtual courses to ensure that they are aligned to the Alabama Course of Study?

If yes, please attach the evidence of the alignment of all courses to the Alabama Course of Study.

- Yes
- No

COMMENTS

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5. Does your system follow all USDOE guidelines for career tech compliance?

If yes, please attach evidence of compliance below.

- Yes
- No

COMMENTS

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6. Does your system have a contract with a vendor or service provider for virtual schools or courses?

If yes, please attach a copy of the contract.

- Yes
- No

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7. Does your virtual program or school ensure compliance with the following requirements related to Section 504 of the Rehabilitation Act and Title II of the Americans with Disabilities Act for students with disabilities?

(a) Develop policies and procedures so that students with disabilities are appropriately identified, evaluated, and provided services to ensure they receive a Free Appropriate Public Education (FAPE).

(b) Ensure websites and on-line learning environments are accessible to individuals with disabilities, including students with visual, hearing, or print disabilities and those who otherwise require use of assistive technology to access the school's program.

If yes, please attach evidence of compliance below.

- Yes
- No

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8. Does your school system comply with the "Individuals with Disabilities Education Act," USDOE guidelines, and the "Alabama Administrative Code" for providing special education and related services to students with disabilities who are educated in virtual programs?

If yes, please attach evidence of compliance below.

- Yes
- No

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9. Does your school system follow the guidelines of the "Family Educational Rights and Privacy Act" (FERPA) to maintain and safeguard the confidentiality of personally-identifiable data?

- Yes
- No

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10. Does your school system comply with the "Individuals with Disabilities Education Act" fiscal requirements (e.g., **does not** utilize subgrants to pay third parties) and ALSDE policies to fund special education and related services for students with disabilities who are educated in virtual programs?

- Yes
- No

COMMENTS**ATTACHMENTS**

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11. Does your school system manage and expend funds in accordance with applicable state and federal laws [i.e. the “General Education Provision Act” (GEPA) and the “Education Department General Administrative Regulations” (EDGAR)], regulations and requirements?

- Yes
- No

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12. Does your school system maintain all virtual school programming service records for reimbursement and provide them as requested or needed for fiscal audit and program evaluation?

- Yes
- No

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13. Does your school system comply with the “Alabama Administrative Code” for conducting Second Grade Child Find with all students in second grade who are educated in virtual programs?

If yes, please attach evidence of compliance below.

- Yes
- No

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14. Does your school system comply with the “Alabama Administrative Code” for providing gifted services to students who are educated in virtual programs?

If yes, please attach evidence of compliance below.

- Yes
- No

COMMENTS

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By completing this diagnostic, I certify to the best of my knowledge and belief that the information contained herein is true, complete, and accurate and has been collected in the manner and at the time required under applicable law. I also certify that I am the individual or designated approving authority responsible for completing the information contained herein. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may lead to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

- I certify
- I do not certify

COMMENTS

Enter your name and date

ATTACHMENTS

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ATTACHMENT SUMMARY

Attachment Name	Description	Item(s)
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