

## Arizona State Board for Charter Schools School-Specific Academic Goals Eligibility

Review the criteria for eligibility, confirm eligibility, fill out the following information, sign at the bottom, and email to <u>charterschoolboard@asbcs.az.gov</u>, mail to P.O. Box 18328, Phoenix, AZ 85009, or submit in person at 1616 West Adams St, Suite 170, Phoenix, AZ 85007. Board staff will provide notification of eligibility within 10 business day of receipt. (*Use one form per school*)

## SUBMITTAL DEADLINE IS AUGUST 30, 2017

Charter Holder Information	
Charter Holder Name	
Charter Representative Name	
Charter Representative Email	
School Name	

## Check box below to indicate completion of eligibility review by the Charter Holder

- □ I understand that to be eligible to apply for use of school-specific academic goals in place of state accountability, the following criteria must be met.
  - The school named above serves a special population that does not have an achievement profile pursuant to A.R.S. § 15-241(H), and
  - At least 70% of the students served by the school named above must be identified as having at least one of the following risk factors:
    - Identified as needing special education services
    - Homeless

Check box below and complete information to indicate the criteria being used for eligibility

\_\_\_\_% of the students served by the school are identified as needing special education services (do not include students who are also identified as homeless).

\_\_\_\_% of the students served by the school are identified as homeless (do not include students who are also identified as needing special education services).

□ \_\_% of the students served by the school are identified as **both** needing special education services and are identified as homeless.

Identify the reports from the Department of Education that verify the data stated above.

Signature

BY SIGNING BELOW, I AFFIRM THAT I AM ACTING ON BEHALF OF THE ABOVE LISTED CHARTER HOLDER TO PETITION THE BOARD TO USE SCHOOL-SPECIFIC ACADEMIC GOALS IN PLACE OF STATE ACCOUNTABILITY. I BELIEVE THAT THE ABOVE LISTED CHARTER HOLDER MEETS THE CRITERIA OUTLINED ABOVE AND UNDERSTAND THAT BOARD STAFF WILL REVIEW ALL AVAILABLE DOCUMENTATION AND RESOURCES TO CONFIRM ELIGIBILITY.

Charter Representative Signature:\_\_\_\_

Date: