## **EDUCATIONAL PROGRAMS**

600 Series

## Competent Private Instruction Report Code No. 604.1-E1

Directions: Complete one form in duplicate (carbon or photo-static copy) for each child for whom the compulsory education law is being met in other than regular enrollment in a public school or accredited non-public school. NO REPORT IS NECESSARY if the child is not of compulsory attendance age (6-16 with birth date prior to September 15) or if the child is enrolled in a home school assistance program in a public or a state accredited nonpublic school. Reporter should retain a copy of this report for personal records. Return to the school district secretary by \_\_\_\_\_\_\_(school start date) or within 14 calendar days of removing the child from public or accredited nonpublic school. A. MANDATORY INFORMATION. (This information is required by Iowa Code §299.4). 1. Name and birth date of child under private instruction. (Use one form for each child). Child's name\_\_\_\_\_Birth date \_\_\_\_\_ 2. Name and address of person filing report: Address\_\_\_\_\_ Circle one: Parent Guardian Custodian City/State/Zip\_\_\_\_ 3. School year and resident school district: (e.g. 2000- 2001)\_\_\_\_\_\_ Resident School District \_\_\_\_\_ Number of days of instruction for the school year.\_\_\_\_\_(minimum of 148) 4.

Instructo	<u>.</u>		lationship to child
			arent, guardian, custodia censed teacher)
Address_			
City/State	e/Zip		
			rson with a valid Iowa e and grade level of the
	Yes	No	
If yes, pr	int folder number of te	acher:	folder numb
Name of	Iowa licensed teacher:		
Note: If		ner provides or sun	ervises instruction in
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9.	If the child is being placed under private instruction for the first time, or for all children for whom no evidence was provided in a previous school year, attach evidence of the child's immunizations as required by Iowa law. Evidence includes a doctor's statement, a copy of a public health record, or the name and address of last school attended, or any other formal evidence of the dates and typed of inoculations.					
	AttachedPreviously provided to:(tell where, when, and to whom evidence was provided.)					
	Please attach lesson plans for the period of instruction for the academic school year as required by Iowa Code §§ 299.4.					
OPTIONAL INFORMATION (Note: Although not required by law for reporting purposes under Iowa Code §299.4, failure to respond may result in loss of some privileges or available options to parents, guardians or custodians.)						
10.	a. Indicate whether or not you desire dual enrollment in the public school for the child under competent private instruction.					
	No					
	b. Indicate whether dual enrollment is desired for					
	Academics Extra curricular activities Both					
11.	If the child is dual enrolled in the public school, please specify in which grade level you wish to include the child for the purposes of academic or extracurricular activities.					
	Grade Level					
12.	If the child is dual enrolled, of which activities do you wish to be notified (e.g. field trips, vocal or instrumental music opportunities, physical education class, drama, art music, science lab, driver's ed, track, volleyball, academic decathlon, mock trial, etc.)?					

B.

13.	ne child currently identified as a child requiring special education:		
	YesNo		
	(If "yes," approval of the AEA Director of Special Education is required before the child can be placed under competent private instruction.)		
	Signature of AEA Special Education Director or designee		
14.	If the answer to question 6 is no, please indicate the desired method of assessment:		
	Standardized testingPortfolio evaluation		
	A baseline test is required the first year of home schooling regardless of which type of assessment is chosen if the child is under the annual assessment requirement.		
15.	Please indicate which test you desire to use for Baseline (B) or Annual Assessment (AA) purposes:		
	BAA		
	California Achievement Test (CAT) Metropolitan Achievement Test (MAT) Comprehensive Tests of Basic Skills (CTBS) Stanford Achievement Iowa Tests of Basic Skills (ITBS) grade K-9 only Stanford Achievement Test (abbreviated) Iowa Tests of Educational Development (ITED) grades 9-12 only.		
	Grade level of test desired		
	Fall NormsWinter NormsSpring Norms		
16.	If your answer to question 14 is portfolio evaluation, please provide name of portfolio evaluator, if known, and folder number.		
	Portfolio EvaluatorFolder Number		
	Please provide me with a list of trained portfolio evaluators.		

17.	Do you wish to have the school district or Area Education Agency notify you of the dates it will be conducting testing sessions, so your child can take a baseline or annual assessment test at the same time?			
	Yes	No		
18.	If you answered yes to questions 10 or 17, please provide the name, address, and telephone number of the person who desires to be notified.			
	Name	Address		
	Telephone	City/State/Zip		

It is the responsibility of the test administrator to submit the results of the child's baseline test, and if standardized testing form or assessment is chosen, the annual standardized test results to the parent, guardian, or custodian of the child; to the district of residence; and to the Iowa Department of Education annually by June 30. If portfolio assessment is chosen, the responsibility of the portfolio evaluator is to provide a narrative report assessing the child's progress to the child's parent, guardian, or legal custodian; to the district of residence; and to the Iowa Department of Education by June 30 annually. All reports to the Department should be sent to: Iowa Department of Education, Attention: Student Assessment Results, Grimes State Office Building, Des Moines, IA 50319-0146.