

2011/2012 SEE Application

New Application

Renew SEE/S2E2 Code _____

Contact Person

Please put the name and contact information of the person who is going to be responsible for coordinating the application and approval process for the SEE/S2E2.

The SEE/S2E2 contact should be knowledgeable in all aspects of the SEE/S2E2 and able to answer questions related to the cooperative agreement and day-to-day operations.

Operating District/Agency	
Operating District Code	
SEE/S2E2 Name	
Contact Name	
Contact Email	
Contact Phone	
Work Phone	
E-Mail Address	

All Cooperative Agreements must include the following (*you must include a copy of the cooperative agreement with your application*):

- ___ Cooperative Agreement outlines agreement between all participating entities
- ___ Signature Page attached includes Superintendent signatures and contact information for all participating entities
- ___ Funding information is outlined in agreement between cooperating and constituent entities.
- ___ Agreement specifically acknowledges that each constituent district understands that accountability will be attributed to the resident districts
- ___ Agreement specifically states grade levels served by the SEE/S2E2
- ___ Agreement specifically includes acknowledgement that SEE/S2E2 code will be used appropriately.

If the cooperative agreement that is currently in place does not include all of the elements listed above, you must develop an addendum to address these issues and submit the signed addendum along with the cooperative agreement.

The Office of Psychometrics, Accountability, Research, and Evaluation (OPARE) will closely monitor all SEEs/S2E2s to ensure the proper students are being identified as S2E2 students.

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Timelines

SEE/S2E2 Application with all components due to MDE/OPARE by **September 1, 2011**

MDE/OPARE will notify districts by September 13, 2011. Scan and email completed applications to MDE-Accountability@michigan.gov or mail* applications to:

BAA/OPARE
Attn: SEE Applications
P.O. Box 30008
Lansing, MI 48909

*Mailed applications must be postmarked by the due date.

For what purpose did you form this entity?

- Gifted & Talented
- Alternative Education
- Special Education
- Early Middle College
- Other Please Define: _____

What type of Shared Educational Entity are you?

(Use flowchart to help determine appropriate type)

- Shared Educational Entity (SEE)
- Type 1: Reporting Only (must have selected Early Middle College above)
- Specialized Shared Educational Entity (S2E2)

Appropriate Use of SEE/S2E2 Designation

We acknowledge that this entity has been established as a Shared Educational Entity or Specialized Shared Educational Entity and that all students reported with this code are students served by the SEE/S2E2. We acknowledge that we will ensure our districts use this code appropriately for only those students receiving educational services in the SEE/S2E2, and we will include language in the cooperative agreement to this effect. We understand that MDE/OPARE retains the right to audit the use of this code, and to take appropriate actions to rescind the code, if necessary.

Signature: _____ Date: _____

Printed Name: _____

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Please list participating districts (add additional sheets, if needed)

Member Districts

By signing, the member agrees to the terms and conditions in the SEE/S2E2 Cooperative Agreement. This sheet should correspond to the signatures on the cooperative agreement.

Please list all participating member districts. Students can only be counted under the SEE/S2E2 if they are from a participating member district.

District Name:

Contact Name (please print):

Contact Phone:

Contact Signature:

District Name:

Contact Name (please print):

Contact Phone:

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Flowchart for Determining if You Should Establish as a SEE or S2E2 and Defining Subtype

