

# 2016-17 Sending Scores Back Program Application

Questions will be adaptive to the type of shared entity you are applying for.

## Shared Educational Entities (SEEs) & Specialized Shared Educational Entities (S2E2s)

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### Instructions

This is an electronic application process to submit new or renewal Sending Scores Back Applications for SEEs and S2E2s. Please note that this application requires that you upload a copy of the signed cooperative agreement with the signatures of all participating districts' superintendents. If you do not have this yet prepared, please do not fill out this application until that time.

Please fill out the application below to apply for the Sending Scores Back program for the 2016–2017 school year. A separate application must be filled out for each SEE/S2E2 entity, however since S2E2s encompass all ISD/Consortium-wide classroom programs, only one application needs to be submitted for the ISD/Consortium-wide set of S2E2 classroom programs. For more information, please visit [www.mi.gov/sees](http://www.mi.gov/sees).

Questions or concerns about this application can be directed to [MDE-Accountability@michigan.gov](mailto:MDE-Accountability@michigan.gov) or (517) 373-6731.

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### Entity Description

**Please indicate below the appropriate shared entity type for the applying entity. You may use application support materials to help with this selection. \***

- Shared Educational Entity for Student Reporting and Accountability (SEE)
- Specialized Shared Educational Entity for Student Reporting and Accountability (S2E2)

**Please indicate below if this is a new application to establish a SEE or a renewal of an existing SEE. \***

- New Application to Establish SEE
- Renewal Application of Existing SEE

**Please indicate below if this is a new application to establish a S2E2 or a renewal of an existing S2E2. \***

- New Application to Establish S2E2
- Renewal Application of Existing S2E2

**Please enter below the entity name of the new SEE building or S2E2 program. \***

**Please enter below the entity code of the new SEE/S2E2 (for new SEE/S2E2 applicants with an existing entity code). \***

**Please indicate the district that will be operating/parent district of the SEE/S2E2. \***

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**Please choose the SEE that you are requesting to renew below. Parent District – Entity \***

**Please choose the S2E2 that you are requesting to renew below. \***

**Please indicate below the educational services of the SEE or S2E2. \***

- Gifted & Talented
- Alternative Education
- Special Education
- Early/Middle College
- Other(s)

**Please describe the other educational service(s) you indicated above. \***

**Please indicate below the entity responsible for assessing students in the SEE or S2E2 arrangement. \***

- SEE School
- Resident/Local School
- School Where Classroom Program is Held (S2E2 Classroom)
- Other

**Please describe the other testing arrangement(s) indicated above. \***

**Please indicate below the SEE or S2E2's relationship with outside districts. \***

- Serves Only Operating/Parent District
- Serves Multiple Districts Through Cooperative Agreement
- Serves Multiple Districts Only Through Schools of Choice
- Other

**Please describe the other relationship(s) indicated above. \***

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## Attachments

Your Cooperative Agreement and List of Member Districts are required to be attached and submitted with this application. Please do not upload any files with personally-identifiable student information.

**Please upload a copy of your updated, SIGNED cooperative agreement, including the signature page(s) for superintendents of all participating districts. \***

No file chosen

**Please upload a list of the member districts participating in your SEE/S2E2. Use the MS Excel spreadsheet linked below to select and save your member districts, then upload the file here. [Click here to download the Member District Worksheet.](#) \***

No file chosen

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## Additional Attachments

This section may be used to attach additional files if the above sections did not provide enough file upload fields.

**This field may be used to attach additional files.**

No file chosen

**This field may be used to attach additional files.**

No file chosen

## Acknowledgements

Have you attached a complete and up-to-date version of your entity's cooperative agreement that outlines the agreements between all participating entities? \*

- Yes  No

Does the cooperative agreement outline the funding structure between the cooperating and constituent entities? \*

- Yes  No

Does cooperative agreement specifically state grade levels served by the SEE building or S2E2 program? \*

- Yes  No

Does the cooperative agreement specifically acknowledge that each constituent district understands that accountability will be attributed to the resident districts? \*

- Yes  No

If your cooperative agreement does not acknowledge that each constituent understands that accountability will be attributed or sent back to the resident districts, please MS Word document linked below, have each participating member district superintendent sign, then upload the file here. [Click here to download the Member District Worksheet \(.DOCX / .PDF\)](#).

No file chosen

Does the cooperative agreement signature page attached include the superintendents' signatures from all participating districts for the 2015-16 school year? \*

- Yes  No

Have you attached a complete list of your member districts? \*

- Yes  No

## Sign and Complete Your Application

Please sign, enter your contact information, and agree to the terms below.

**I agree that, if approved by the MDE, this entity shall be established as a Shared Educational Entity or Specialized Shared Educational Entity for Student Reporting and Accountability purposes and that all students reported using this entity code are students served by the SEE/S2E2. I will ensure that our districts use this code appropriately, for only students receiving educational services from the SEE/S2E2. I understand that MDE retains the right to audit the use of this code, and to take appropriate actions to rescind the code and/or SEE/S2E2 designation, if necessary.**

**I understand that it is the responsibility of the SEE school or S2E2 classroom program to test students in grades where state assessments are required. I understand that the SEE school or school housing the S2E2 classroom program is responsible for handling ALL parts of the Accountable Students and Test Verification windows in the Secure Site for both resident and non-resident students of the SEE/S2E2. The SEE/S2E2 completes these functions on behalf of the districts sending their students to the SEE/S2E2.**

**Furthermore, I agree that all assessment and pupil accounting staff are aware of this designation and of the assessment and accountability practices required for implementing this policy. I understand that it is the responsibility of the applicant and the signed parties of the cooperative agreement to ensure that all MSDS data reporting and testing arrangements are coordinated and requirements met.**

**Electronically Signed: \***

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First      Last

**Email: \***

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**Phone Number: \***

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**By checking the box below, you agree that information submitted in this application is correct and agreed among the parent and participating districts of this SEE/S2E2. \***

- I agree.
- I disagree or wish to have my application disregarded.