School Name: ____________________________________________________________

Contact Information:

Name: ________________________________________________________________

Title: ________________________________________________________________

Phone Number: _________________________________________________________

Email: ________________________________________________________________

Planning

Grade levels to be included in the virtual option for learning:

☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Will virtual learning be used ON upcoming inclement weather days, IF the criteria below can be met and the school is approved by the Office of Charter Schools?

___ Yes ___ No

Will virtual learning be used during planned make up days/hours for missed instructional time due to inclement weather, IF the criteria below can be met and the school is approved by the Office of Charter Schools?

___ Yes ___ No

If yes to either of the above, the school then agrees to submit a final reporting of dates/hours utilized with the virtual option to the Executive Director of the Office of Charter Schools by June 30, 2015. Form to be supplied in the Spring.
Criteria

To use the virtual option for inclement weather:

1. the Board of Directors of the School must first approve the School’s use of this option. A Certification of Resolution of the Board of Directors shall be submitted with this Application in the form attached hereto, and

2. the School Leaders must respond in the affirmative on behalf of their schools to the following mandatory criteria:

Our school can demonstrate access to the internet for students and teachers away from our buildings.

___ Yes ___ No

If yes, how will the School be able to demonstrate that students have internet access?

How will the school get the materials to students who do not have access or limited access to the internet?

If some students are unable to have access, is there an alternative method to accomplishing the tasks/assignments without falling behind?

All of our teachers and students have access to, and experience using, online platforms for delivering learning.

___ Yes ___ No

All of our students will be informed of their learning targets for the day by 9:00 am.

___ Yes ___ No

If yes, how will the School be able to demonstrate that students have internet access?

How will the school get the materials to these students if the students do not have access or limited access to the internet?

If some students are unable to have access, is there an alternative method to accomplishing the tasks/assignments without falling behind?

Teachers will be directly reachable from students and parents to facilitate and support instruction.

___ Yes ___ No
Student work will cover content that would have been addressed if school were in session.

___   Yes   ___   No

All students who have accommodations for instruction will be provided with or have access to those accommodations.

___   Yes   ___   No

If yes, how will the School be able to demonstrate that students have internet access?

How will the school get the materials to these students if the students do not have access or limited access to the internet?

If some students are unable to have access, is there an alternative method to accomplishing the tasks/assignments without falling behind?

For students with disabilities who do not use an online platform for learning or for whom an online platform is not appropriate, teachers will provide parents/caregivers with appropriate educational materials and learning activities for student use.

___   Yes   ___   No

If yes, how will the School be able to demonstrate that students have internet access?

How will the school get the materials to these students if the students do not have access or limited access to the internet?

If some students are unable to have access, is there an alternative method to accomplishing the tasks/assignments without falling behind?

For limited English proficient students, teachers will provide parents/caregivers appropriate educational materials and learning activities for student use per the Individual Learning Plan.

___   Yes   ___   No

If yes, how will the School be able to demonstrate that students have internet access?

How will the school get the materials to these students if the students do not have access or limited access to the internet?

If some students are unable to have access, is there an alternative method to accomplishing the tasks/assignments without falling behind?
Students will demonstrate time on task and/or equivalent learning growth for the time.

___ Yes ___ No

School Leaders should type their name in this box as confirmation of the above criteria*.

________________________________________

*By placing your name in this box, you affirm that all the above criteria can and will be met by your district during the approved virtual option for inclement weather days/hours.

School Leader’s email:_________________________________________________________

For questions regarding this application, please email ____________ at ________________.
CERTIFICATION OF RESOLUTION OF THE BOARD OF DIRECTORS

[school name]

This document evidences actions taken at meetings of the Board of Directors (“Board”) of [school name] (the “Corporation”) on ________________.

Whereas, at the ________________ meeting of the Board, discussed and reviewed the use of a virtual snow day option for inclement weather and the School Leader’s submission of the Virtual Learning Application to Ball State University’s Office of Charter Schools for approval for the 2014-15 school year. ____________ moved to approve. ________________ seconded. The motion passed.

NOW THEREFORE, it is RESOLVED that the Board confirms its approval submission of the Virtual Learning Application to Ball State University’s Office of Charter Schools for approval for the 2014-15 school year in accordance with OCS procedures.

IN WITNESS WHEREOF, the undersigned has executed this instrument to evidence the authority of said representative of the School to act as stated above.

______________________________
Secretary

______________________________
Date