

# State and Federal Program Training

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REV. 6/2/23 AV



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# What are State and Federal Programs and why is documentation important?

- ▶ State and Federal Programs are Titles and grants that are issued by the California Department of Education through State and Federal Regulations. (ex: Title I, II, III, IV, V, After school Program funding, ELOP funding, etc.)
- ▶ Every year Madera Unified School District is allotted additional funding to spend in specific areas. These funds help support student achievement, parent involvement, additional trainings, Full-time and Part-time positions, supplies, purchases etc.
- ▶ Obtaining supporting documentation/evidence is a requirements for receiving these funds. The State and Federal Program Monitoring agencies conducts reviews to insure that the funds are being spent in accordance to Federal, State and Local guidelines. Documentation must be kept for 5 years.
- ▶ Without having proper documentation the California Department of Education may pull the funding provided to the Madera Unified School District and request a issuance of reimbursement back to the State. This may also affect future funding provided to the District.
- ▶ Loss of these funds would mean, less opportunities and support for our students, staff and community.

# Pre-Approvals, Timelines, and Accessing Forms

All items being funded by the State and Federal Department must have pre-approval

## Approvers:

- Site Level- Principal
- District Level- Director of State and Federal Programs (Johnny Gonzalez)

## Timelines for Pre-Approvals and forms

**Make sure to reference the SPSA plan on your forms. Include the Goal, Activity/Action, and the Page number.**

- All timesheets, Cal-Card statements, Time Accountability Forms and Substitute Verification forms must be submitted by the 5<sup>th</sup> of each month with proper documentation. *If they are turned in late or are submitted without proper documentation it will be charged to your site general fund account.*
- Cal-Card pre- approval request form must be **submitted no later than a week before purchase**.
- Travel Request pre-approval forms must be **submitted 4-6 week before the event and 6-8 weeks if a PO is needing to be submitted**.
  - Finalized Travel Packets must be returned no later than 10 business days after the last day of the conference/training.
- Parent Involvement Field Trip Request forms must be **submitted 4-6 week before the event and 6-8 weeks if a PO is needing to be submitted**.

## Accessing forms

- Most forms can be found on the MUSD Website click departments, click State and Federal Programs, click forms.
- **Do not create your own forms.**



# Supporting Documentation

## Timesheets/Substitute Verification forms

- **Agendas and Sign in sheets** (*no alias's, nicknames or aka names*) -both items can be on the same document.
  - Agenda's must include the following: site name, date, times, location, title of meeting, topic's being covered/discussed
  - Sign in sheets must include the following: site name, date, times, location, title of meeting columns including with their fist and last name typed along with a signature section
  - Parent Teacher Conferences or Interpreting must include a schedule and signature of Interpreter and who they interpreted for
  - \*If a meeting is being held via zoom the same information is needed and you will need to note on the documents for the location that it is a Zoom Meeting. Electronic signatures are only accepted for zoom meetings
- **For Plan B Timesheets** you will also need to included the class roster for the teacher that is absent and copies of agenda/sign in sheet or conference form showing way they were absent
- **For Substitute Verification Forms:** COST or SST meetings you will also need the meeting schedule

## Travel and Conference

- Cal Card Pre-Authorization form (if using Cal Card)
- Conference information and price or flyer containing details and prices
- Map quest map with starting point and destination to calculate miles (\$0.655 cents per mile effective Jan. 2023)
- Hotel quote/reservation
- Flight quote/ rent a car (if applicable)
- Original itemized receipts for all purchases including meals (per diem per MUSD guidelines and policy), parking and any other pre-approved purchases

## Student/Parent Involvement Field Trips

- Cal Card Pre-Authorization form (if using Cal Card)
- Attach student list of attendees with their parent name and identify if they are a student, parent, or staff member.
- Attach Itinerary with flyer or information regarding the event/trip.
- Student to Parent ratio: Parent participation is 10% of the student participation total. (Ex: for every 10 students 1 parent is needed).
- Parents must be participants in the learning experience not supervising chaperones.

# Examples of Agenda and Sign in

Agenda's and sign in sheets must appear professional and typed.

Agenda's and sign in sheet must include the following:

- School Site name or District Office Dept.
- Date
- Times
- Location
- Title of meeting
- Topic's being covered/discussed
- Typed names of attendees
- Signature section
  - Electronic signatures are not accepted unless it is a zoom meeting which will need to be indicated on the agenda and sign in sheet in which a zoom attendee list is required.



**ELD PLC Agenda**  
May 24th, 2023  
Room 110  
8:15 AM-2:10 PM

**8-15-8:30 AM: Review of Norms**

**8:30-10:00 AM:** Discuss which areas of ELPAC exam need to be focused on and backyard plan from February.

**10:00-10:15 AM: Break**

**10:15 AM-12:15 PM:** Compile different activities for ELPCA instruction and format them to use as bell ringers, or activities.

**12:15-1:15 PM: Lunch**

**1:15-2:10 PM:** Continue activity planning.

Attention: If there is additional time leftover, the PLC will Brain storm Ideas for first weeks of Next school year.

PRINT NAME	SIGNATURE
Katherine Gilles	<i>Katherine Gilles</i>
Melvin Campbell	<i>Melvin Campbell</i>
Meghan Oxelson	<i>Meghan Oxelson</i>

## Eastin-Arcola PBIS Team Meeting

February 1st, 2023 @ 3:15 - 4:15 pm

### PBIS Meeting



#### TIER 1 AGENDA

- Review of Panorama Survey Results
  - Discussion of Eastin Arcola Results and District results
  - Identify Areas of Improvement
  - Brainstorm Action Plan for Areas of Improvement
- Rewards Discussion (WOW Bucks, Club Wildcat)
  - Suggestions, Possible Modifications
- Review of PBIS January Focus Points (language, halls, cafeteria)
  - Discuss and Identify areas of Improvement for February
  - Attendance
- PBIS Reward Trips?
  - Making the Grade- Fresno Grizzlies
  - Roller Skating?
- Review of Information and data to share with staff at bi-monthly meeting

#### TIER 2 AGENDA

- Review of Students currently receiving services
  - Data Review
  - Suggestions for graduation or changing in services
- Discussion of students for possible Tier 2 inclusion
- Review of Data and information to share with staff at bi-monthly meeting

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## Eastin-Arcola



### Positive Behavioral Interventions & Supports Monthly Meeting

Feb 1, 2023

Danene Guglielmana  
(Principal)

Daniel Salinas  
(SpEd Teacher)

Scott Gandy  
(8th grade teacher)

Liz Sanchez  
(5th grade teacher)

Eric Wilson  
(2nd grade teacher)

Sam Phillips  
(Counselor)

Angelica Delgadillo  
(Psychologist)

# Timesheets

There are 4 types of time sheets.

Make sure to reference the SPSA plan on your forms. Include the Goal, Activity/Action, and the Page number on the forms.

- ▶ **Blue** – Contracted Employees only (is a contracted MUSD employee that holds a contract)
- ▶ **Green** – Non-Contracted Employees (Sub, retired staff subbing, does not hold a contract with MUSD)
- ▶ **Yellow** – Certificated Contracted only (Group of teachers that stayed after their contracted day for a meeting, conference, etc.)
- ▶ **Plan B** – Time sheet that teachers use then they cover another class (at the Middle or High School Level) or have additional students in their class (Elementary School Level)



# Timesheet: Job Performed do's and don't

When in doubt call/email Amanda Vela

► Words to use for job performed.

- Interpreting
- Edgenuity
- Tutoring
- Professional Development (PD)
- Parent calls/parent outreach/extra support
- Update student records
- Student supervision
- Lesson Planning
- Intervention
- Child Care (only used by the Community Services and Parent Resource Center for parent trainings.)

► Words not to use for job performed.

- Translating
- Teaching
- Clerical work/ or Clerical extra work
- Saturday School/detention
- Prep

## 10

1. Name (no alias's)
2. School/Site Name
3. Last 4 of SSN
4. If subbing for whom (if applicable)
5. Date
6. 1<sup>st</sup> **In** section (is for the time you start)
7. 1<sup>st</sup> **Out** section (is for if you leave for Lunch) leave blank if you don't take a lunch.
8. 2<sup>nd</sup> **In** section (is for if you return from lunch) leave blank if you don't take a lunch.
9. 2<sup>nd</sup> **Out** section (is out end time)
10. # of hours
11. Job Performed
12. Funding Source (Title I, CSI, ELOP, etc.)
13. Account Code (please write the full account code this can be found in your budget codes book or by contacting the Business Dept.
14. Signature of employee & Date
15. Site Plan reference (goal, action, page#)
16. Administrator Signature & Date

[illegible]

## Timesheet Supporting Documentation

You will need to include:

- Completed Timesheet
- Copies of agenda/sign in sheet

Additional supporting information  
may be required for such events:

- Tutoring sessions- list of students that attended
- Interpreting for Parent Conferences- Interpreting log
- Parent Informational nights- presentation material or flyers

# Timesheet and supporting documentation EXAMPLES on next pages







# NON-CONTRACTED EMPLOYEES ONLY

RECEIVED

Madera Unified School District

JUN 05 2023

Additional time / Overtime / Summer Pay for Substitute and/or Part-time Personnel

Name Sheila K Soliz School / Site Pershing  
(Please Print: Full First & Last - Middle Initial)

Soc. Sec. # XXXX If subbing - for whom \_\_\_\_\_  
(Last 4 numbers required)

\*Time sheets must be turned in by the 1<sup>st</sup> day of the following month to your immediate Supervisor.

\*Time sheets are routed & must be received in Payroll no later than the 5<sup>th</sup> calendar day of each month by 4pm.

Date	In AM/PM	Out For lunch	In From lunch	Out AM/PM	Total Hrs Do not include lunch	Job Performed (Position title)
5/2/23	8:30			12:15	3.75	Group Tutoring
5/3/23	8:30			12:15	3.75	
5/4/23	8:30			12:00	3.50	
5/9/23	8:30			12:15	3.75	
5/10/23	8:30			12:15	3.75	
5/11/23	8:30			12:15	3.75	
5/16/23	8:30			12:15	3.75	
5/17/23	8:30			12:15	3.75	
5/18/23	8:30			12:15	3.75	
5/23/23	8:30			12:15	3.75	
5/24/23	8:30			12:15	3.75	ECV
5/25/23	8:30			12:15	3.75	
5/30/23	8:30			12:15	3.75	
5/31/23	8:30			12:15	3.75	

Total hours: 52.25

Pay Type Additional or Summer Total Hrs \_\_\_\_\_ Rate \$ \_\_\_\_\_ Total Payment \_\_\_\_\_

Pay Type Overtime or Substitute Total Hrs \_\_\_\_\_ Rate \$ \_\_\_\_\_ Total Payment \_\_\_\_\_

Funding Source \_\_\_\_\_ Acct code # 6100-20100-0-1200-1000-1190-01-650/420

Employee's Signature Sheila K Soliz Date 5/31/2023

Authorized By Christina Rich Date 5/31/23

Timesheet should be GREEN

Form #12N - Revised 10/25/21

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Madera Unified School District Response to Instruction and Intervention K-6  
Group 1 8:30-8:55

Small Group Targeted Instruction

Group Information

2<sup>nd</sup> Grade

Intervention Description: Phonemic Awareness & Decodable Reading Teacher: Mrs. Soliz Grade: 2

Duration (# weeks): 5 Frequency (# Days/Week): 3 Time (# Min/Session): 20-25 # Students: 5

INTERVENTION GROUP DATA:

Student Names	Enter the names of the different assessments used:		Pre/Post Assessment: Heggerty: Adding, Deleting, & Substituting Phonemes		Pre/Post Assessment: MAP Reading Fluency NWEA		Teacher	
	Pretest Date 3/15/23	Posttest Date 5/9/23	Pretest Date 12/22	Posttest Date 3/23				
1. List	13/15	9/15	491	499			Herrera	
2. Students	7/15	11/15	482	489			Carrillo	
3. L Have	3/15	8/15	not enrolled	494			Bennett	
4. (info redacted for privacy)	2/15	8/15	487	484			Bennett	
5.	4/15	8/15	474	486			Bennett	
6.								
7.								
8.								
Group Average Scores:								

ATTENDANCE

Student Names	Week 1					Week 2					Week 3					Week 4					Total Sessions to date
	5/1	5/2	5/3	5/4	5/5	5/8	5/9	5/10	5/11	5/12	5/15	5/16	5/17	5/18	5/19	5/22	5/23	5/24	5/25	5/26	
1. I		✓	✓	✓			✓	✓	✓	✓		✓	✓	✓			✓	✓	✓	✓	9/9
2.		✓	✓	✓			✓	✓	✓	✓		✓	✓	✓			✓	✓	✓	✓	9/9
3.		✓	✓	✓			✓	✓	✓	✓		✓	✓	✓			✓	✓	✓	✓	8/9
4.		AB	✓	AB			AB	✓	✓	✓		AB	✓	✓			AB	✓	✓	✓	6/9
5.		✓	✓	✓			✓	✓	✓	✓		✓	✓	✓			✓	✓	✓	✓	9/9
6.																					
7.																					
8.																					

Student Names	Week 5			Week 6			Week 7			Week 8			Total Sessions to date
	5/29	5/30	5/31	6/5	6/6	6/7	6/12	6/13	6/14	6/19	6/20	6/21	
1. I		✓	✓										4/1
2.		✓	✓										4/1
3. L		✓	✓										4/1
4.		✓	✓										4/1
5. I		✓	✓										4/1
6.													
7.													
8.													

ECIA 6.11.20



NOV 03 2022

**Madera Unified School District**  
**CERTIFICATED CONTRACTED EMPLOYEES ONLY**

Meeting or PD Name

## Howard PBIS Meeting Tier 1

Site (one sheet per site)

Howard School

Department

PBIS

**Please note:**

CATEGORICAL OFFIC

This time sheet is to be used for site PD or meetings for multiple teachers on a single day who will receive pay

Meeting Date

10 | 26 | 22

[illegible]

DELIVERED

NOV 08 2025

BUSINESS OFFICE

Account Code:

0100-32180-0-1110-1000-1190-01-360-0000

**Job Performed**

## PBIS Meeting

Authorized Signature Dept/Site:

Date: 11/3/2023

Authorized Signature Categorical:

Site Plan Reference

## Agenda

### Sign In Sheet

Goal 2 Strategy 1 pgs 50-51

## Howard School PBIS Meeting Tier 1

**PBIS Coach:** Elizabeth Salas

**Recorder:** Sharla Tibbetts

**Time Keeper:** Mrs. Zuniga

**Date:** 10/26/22

**Time: 3:15pm-4:30 pm**

**Location:** Room 1

**Team Members (bold are present today)** Jeff Dailey, Jessica Montemayor, Nikki Zuniga, Danny Cosgrove, Julia Gomez, Heidi Hagopian, Shar Tibbetts, Elizabeth Salas, Amy Yang, Jennifer Patrick, Gregory Mauro

### Today's Agenda's Items

1. Magic Monday
2. Pawstive Picks update & Bingo Cards
3. August -September Data
4. Update on Amazon Prime Day
5. Specials meeting re: PBIS
6. Re-Focus Centers Jr. High
7. BINGO CARDS

### AGENDA ITEMS

Information for Team or Issue for Team to address	Discussion	Who	By When? Status
Hero Nomination	-Review Process (All teachers are able to nominate student)  PBIS team then picks from nominations  -Identify winners		
Staff Meeting Reporting out	Staff November 9, 2022 -Go over data -Magic Monday - update on how we will help with process -Pawsitive Pick Incentives - new ideas...	Salas, Hagopian, Tibbetts	@ STAFF MEETING
ODRs/Referrals	Remind pink ladies to use and turn in so teachers aren't dealing with behaviors during academic time	-Montemayor	ASAP
Active Supervision	Train pink ladies and kinder aides  -Pink Ladies now have access to Referral Rhino and are being trained	-Montemayor & Salas	ASAP
Refocus Centers	Start with 7th & 8th Grade and then 3rd Grade.  Salas will submit order to Jeff to purchase with Title 1	Salas	11/4/22
BINGO CARDS	Implementing BINGO cards (some have it a lot, some don't get any)  How do we make it more consistent?  Teachers do movie "BLACKOUT" by themselves...		
Platinum Recognition- Looking ahead			

HOWARD SCHOOL  
PBIS TEAM MEETING  
Sign-in Sheet  
Date: 10/26/22

Name	Signature
Sharia Tibbetts	<i>Sharia Tibbetts</i>
Julia Gomez	<i>[Signature]</i>
Jessica Montemajor	<i>[Signature]</i>
Elizabeth Salas	<i>Elizabeth Salas</i>
Danny Cosgrove	<i>[Signature]</i>
Jennifer Patrick	<i>[Signature]</i>
Gregory Mauro	<i>[Signature]</i>
Heidi Hagopian	<i>Heidi Hagopian</i>

*Amy Yang*

*Amy*



## CATEGORICAL OFFICE

Form #12C - Revised 8/05/16

[illegible]



# Plan B Timesheet Supporting Documentation Example:

You will need to included:

- Completed Plan B Timesheet
- Class roster for the teacher that is absent signed by the person who covered the class
- Copies of agenda/sign in sheet or conference form showing way they were absent

RECEIVED  
FEB 02 2021

**MADERA UNIFIED SCHOOL DISTRICT**

CATEGORICAL OFF

School Site: SIERRA VISTA SCHOOL Month: December

Name: Lori Hickman Soc. Sec# XXXX  
(Last 4 numbers required)

**K-8 SCHOOLS ONLY**

*This form is to be used ONLY when the district is short substitutes and site teachers take the entire class or a portion of the class. \*Refer to MUTA CBA 10.5.1 Pg.13*

\*Please indicate the # of students taken and the # of students in the entire class.

Date	Teacher & Job#	Reason: SL, PN, SB, BR, NT, etc.	SB only Program: Mules, Title I, etc.	# of students took in	# of students in entire class	Hours
12/15/2020	Casey	SB	Title I - Site	21	23	7.5

**RATE \$155.25** **FACTOR** **TOTAL PAYMENT \$**

FOR PAYROLL USE ONLY

Account Code #s: 01-0000-0-1200-1000-1120-000-0000 \$ General Fund  
 01-0000-0-1215-4200-1125-000-3011 \$ MULES  
 01-3010-0-1200-1000-1125-520-4200 \$ Title I - Site  
 01-3010-0-1110-1000-1125-260-4830 \$ Title I - District

Employee's Signature: Lori Hickman Date: 12/17/20

Authorized by: [Signature] Date: 1/29/21

**DELIVERED TO BUSINESS OFFICE**  
FEB 05 2021

**NOTE: This form must be submitted to the Payroll Office on the 5th of each month.**

2021/2/5/21

## Sierra Vista Elementary School

INDIVIDUAL TEACHER-PLC Agenda

Tiffany Casey

Date: December 15, 2020

Time: 7:45-3:15

**PLEASE List Activities/Training that were performed by Teacher:**

1. Loaded and prepared NSGR testing materials
2. Tested students in NSGR via Zoom
- 3.
- 4.
- 5.

Team ZOOM Meeting Norms:

1. If Zoom meetings will be recorded-notification has to be given to staff at start of meeting
2. We will be actively engaged (avoid multitasking, limit distractions) in meetings and tasks with camera on.
3. Be aware of surroundings-have a professional work space and minimize distractions-phones out of view of screen, stop video
4. Begin and end on time
5. We will speak and behave in respectful, professional, and positive

Team Conflict Resolution Plan:

- Step 1: Fist of five  
Step 2: Knock on the table to bring everyone

California Standards for the Teaching Profession: (Please list the CSTP that corresponds with your training)

5.2 Collecting and analyzing assessment data from a variety of sources to inform instruction

**PLC Critical Questions:**Professional Learning Community (PLC) Defined:

- SV Strategic Academic Plan Initiative:  
1. If we... implement the necessary components of good first instruction in our

What do we want all students to learn?  
How will we know if they have learned it?  
How will we respond when learning has not occurred?  
How will we respond when learning has already occurred?

Lesson plans that are followed with fidelity, support the professional growth of teachers to provide high-quality teaching, and monitor implementation. Then... teacher capacity will be built and all students would meet grade level standards  
And... all students would be on a strong path to career or college readiness.

An ongoing process in which educators work collaboratively in recurring cycles of collective inquiry and action research to achieve better results for the students they serve. Professional learning communities operate under the assumption that the key to improved learning for students is continuous job-embedded learning for educators.

**Sign-IN-Sheet**

Name Tiffany Casey 12/15/20 — Tiffany Casey

## Sierra Vista Elementary

## Attendance Class Roster

Period	Course Title	Term	Sec#	Crs ID	Teacher	Days	Room	Month#	Year
1	Grade 2	Y	201	20200	Casey, Tiffany	MTWTF	13	5	20-21
Student ID		Student Name		GR	12/07-12/11		12/14-12/18	01/04-01/08	01/11-01/15
					M	T	W	T	F
01				2					
02				2					
03				2					
04				2					
05				2					
06				2					
07				2					
08				2					
09				2					
10				2					
11				2					
12				2					
13				2					
14				2					
15				2					
16				2					
17				2					
18				2					
19				2					
20				2					
21				2					
22				2					
23				2					

12/15/20 Lori Hickman

Teacher (and/or Substitute) Signature

Date

To the best of my knowledge, the information contained on this attendance sheet is accurate and complete.

# Substitute Verification Forms

## **State and Federal Substitute Verification Forms - DO General Fund**

Use this form when a Certificated Teacher uses School Business DO General Funds as their reason for being absent from their assigned teaching assignment during the school day to attend IEP's and 504's.

## **State and Federal Substitute Verification Forms - Site Title I**

Use this form when a Certificated Teacher uses School Business Title I as their reason for being absent from their assigned teaching assignment during the school day to attend, SST's, COST Meetings, Conferences, or Professional Development.



# Submitting State and Federal Substitute Verification forms

20

- ▶ **There are two types of Substitute Verification forms**

1. General Fund reporting
2. Title I reporting.

- ▶ Substitute Verification forms should be completed daily to reduce errors

- ▶ One form is needed for each day.

- ▶ Check AESOP to review teachers absences and verify Reason Code are correct according to the funding.  
\*\*School Business (Title I Site, Title I DO, Title II, etc.\*\*  
If not the site Admin Assistant's will need to correct it.

- ▶ Attach supporting documentation

- ▶ Agenda and Sign in sheet. COST or SST meetings will also need a copy of the meeting schedule
- ▶ Travel Request form (if applicable)

- ▶ The form should be complete. Please make sure the following areas are filled out

1. School Name
2. Month & Date
3. Circle the type of meeting (COST, SST, Extra Time, Conference)
4. Name of Event
5. Date of event
6. Employee first name (typed or printed neatly)
7. Employee last name (typed or printed neatly)
8. # of hours
9. Signature of employee
10. Funding Source (Title I, General Fund)
11. Site Plan reference (goal, action, page#)
12. Administrator Signature with date

- ▶ Submit them to the State and Federal Program Dept.



# Example: Substitute Verification Forms – DO General Fund

21

IEP & 504

General Sub Verification Form For  
substitute used during duty day

DO General Funds

School Site: Parkwood

Date (ex. 7-1-17): 9/1/22

After meeting mail original  
form, schedule and agenda  
to Amanda Vela at District  
Office.

Date	Employee First Name	Employee Last Name	# of hours	Signature	Sub required	
					Yes/	No
✓ 9/1/22	Kaleigh	Hernandez	1	<i>Kaleigh Hernandez</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ 9/1/22	Martha	Galindo	1	<i>Martha Galindo</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ 9/1/22	Sara	Gelenaw	1	<i>Sara Gelenaw</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ 9/1/22	Sarah	Fry	1	<i>Sarah Fry</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ 9/1/22	Rebecca	Grimm	1	<i>Rebecca Grimm</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

## Documents required to attach to this form:

Total hours (section needs to be completed) ☐ Schedule ☒ Parent Sign in sheet ☐

Funding Source: 0100-00000-0-1110-1000-1125-01-260-6100

Administrators Signature: *[Signature]*

Categorical Approval: *[Signature]*

Day 1 out of 9 days

Date: 9/1/22

Date: 10/13/22

07/18/2020 in

Parkwood Elementary School  
IEP/504 Day Agenda  
Thursday, September 1, 2022

8:15-9:00 AM

IEP Meeting:

Members attending: *Student name*

- Kaleigh Hernandez, Teacher
- Harina Atwal, SLP
- Elizabeth Alvarado, Translator
- Jessica Salinas, RSP-Teacher
- Parent
- Administrator

Teacher Signature: *[Signature]*

Parent Signature: *[Signature]*

9:00-10:00 AM

IEP Meeting:

Members attending:

- Martha Galindo, Teacher
- Harina Atwal, SLP
- Parent
- Administrator

Teacher Signature: *[Signature]*

Parent Signature: *[Signature]*

10:00-11:00 AM

IEP Meeting:

Members attending:

- Sara Gelenaw, Teacher
- Harina Atwal, SLP
- Parent
- Administrator

Teacher Signature: *[Signature]*

Parent Signature: *[Signature]*

11:30-12:30 PM

504 Meeting:

Members attending:

- Sarah Fry, Teacher
- Alicia Rivera, Nurse
- Parent
- Administrator

Teacher Signature: *[Signature]*

Parent Signature: *[Signature]*

12:40-1:40 PM

504 Meeting:

Members attending:

- Rebecca Grimm, Teacher
- Alicia Rivera, Nurse
- Parent
- Administrator

Teacher Signature: *[Signature]*

Parent Signature: *[Signature]*

# Example: Substitute Verification Forms – Site Title I

DO NOT USE THIS AS A  
SIGN IN SHEET. USE FOR  
EXTRA TIME, COST, SST,  
& CONFERENCES

## Categorical Substitute Verification Form For substitute used during duty day

SITE TITLE 1

School Site: Washington

Month & date: February 17, 2023

COST SST Extra Time  
Conference

Name of Event:  
team collaboration

After meeting/trainings/  
conference, mail original  
form and agenda to  
Amanda Vela at District  
Office.

Date	Employee First Name	Employee Last Name	# of hours	Signature	Sub required	
					Yes	No
2/17/23	Cynthia	Ramirez	3.75		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2/17/23	Maria	Espericueta	3.75		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2/17/23	Elizabeth	H. Ramirez	3.75		<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Funding Source: Title I

Site Plan reference: Coll, Action 1, pg. 41

Administrators Signature:

Date: 2-17-23

Categorical Approval:

Date: 3/9/23

7/28/20 av



## COLLABORATIVE TEAM COLLECTIVE INQUIRY + ACTION RESEARCH



A focus on learning, culture of collaboration, collective responsibility, and a results orientation

Grade: 5th

Time: 11:30-3:15 PM

Date: 2/17/23

### ROLES

Facilitator	Maria Espericueta	Time Keeper	Cynthia Ramirez
Recorder	Liz Ramirez	Data Analyst	Everyone

- What is it we want our students to know and be able to do by the end of this unit?  
Have we identified the essential knowledge, skills, and dispositions each student is to acquire as a result of each unit of instruction?

### Plan ELA and Math Units

- How will we know if each student has learned it by end of this unit  
Are we using formative assessment in our classrooms on an ongoing basis? Are we gathering evidence of student learning through one or more team-developed common formative assessments for each unit of instruction?

We will know that each student has gained knowledge through the unit by 70% or higher on CFA's and unit assessments.

- How will we respond when some students do not learn it in this unit?  
Can we identify students who need additional time and support by the student, by the standard, and for every unit of instruction? Do we use evidence of student learning from common formative assessments to analyze and improve our individual and collective instructional practice?

We will respond by offering days for re-teaching skills and also pulling small-groups. Opportunity for group-work, sentence stems, teacher-led examples.

- How will we extend the learning for students who have demonstrated proficiency?  
Can we identify students who have reached identified learning targets to extend their learning?

We will offer students the opportunity to apply their comprehension to assignments that are differentiated.

TEAM MEMBER	Sign-in
Maria Espericueta	
Ramirez	
Elizabeth H. Ramirez	



DO NOT USE THIS AS A  
SIGN IN SHEET. USE FOR  
EXTRA TIME, COST, SST,  
& CONFERENCES

### Categorical Substitute Verification Form For substitute used during duty day

SITE TITLE 1

School Site: Torres High School

Month & date: 4/25/2023

COST  
SST

Extra Time  
Conference

Name of Event:

Bonner Character Conf.

After meeting/trainings/  
conference, mail original  
form and agenda to  
Amanda Vela at District  
Office.

Date	Employee First Name	Employee Last Name	# of hours	Signature	Sub required	
					Yes	No
4/25/23	Marilyn	Guekguezian ✓	7.5		<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Funding Source: 0100-30100-0-1300-1000-1190-01-430-4250

Site Plan reference: Goals: 1/2; Actions: 1/1; Pgs: 27/28/36/40

Administrators Signature: 

Date: 4/15/23

Categorical Approval: 

Date: 5/8/23

7/28/20 av





# Travel/Conference Request Using State and Federal funding

Forms and Reference guides may be found on the MUSD website.

Forms- Click departments, click State and Federal Programs, click forms

Resources- click departments, click State and Federal Programs, click resources

For District Policy on Travel Requests, please review the document on the website titled “Don’t trip While Traveling”

# Before Attending the Conference

- ▶ Request Pre-Approval from Director of State and Federal Program via email and Cc: the Dept. Admin Assistant. Then make sure you follow up with the required paper work and travel conference process.
- ▶ Complete the **top portion** of the Travel Request form.
  1. Name
  2. Position
  3. Site
  4. Conference/Activity
  5. Dates
  6. Location
  7. State
  8. Country
  9. Cost of substitute daily rate X days (If applicable)
  10. Personal miles X rate (If applicable)
  11. Hotel daily rate X days (If applicable)
  12. Conference registration fees and mark the box with YES or NO as to if the registration fees are being paid using Cal Card or Purchase order. (If applicable)
  13. Parking Fees estimate (if applicable)
  14. Other Transportation costs (If applicable)
  15. Reimbursable meals estimate (If applicable)
  16. Estimated Costs
  17. Funding Code **Include the Goal, Activity/Action, and the Page number on the form**
  18. Site/Dept. Administrative Signature
  19. Principals attending a conference must obtain approval and a signature from their assigned Associate Area Superintendent (AAS).
  20. *Date*
  21. ***DO NOT COMPLETE THE BOTTOM OF THE FORM UNTIL AFTER THE CONFERENCE.***



# Example of completing the top section.

Include all items to be paid or reimbursed. If items are not pre-approved they will not be paid/reimbursed using State and Federal Program instead it will be charged to the Site General Fund.

**MADERA UNIFIED SCHOOL DISTRICT**  
TRAVEL REQUEST AND REIMBURSEMENT CLAIM

OUT OF STATE TRAVEL REQUIRES BOARD APPROVAL

ALL conference attendance must be approved in advance by your Department/Site Administrator

NAME: Patrick Nolan Position: VP-Dean of Curriculum Site/Department: Madera High School  
Conference/Activity: CADA State Convention Date(s) (from) 2/28/2023 (to) 3/4/2023  
YOU MUST ATTACH A COPY OF YOUR COMPLETE REGISTRATION FORM TO THIS REQUEST

Location (city) San Diego (state) CA (county) San Diego

**ESTIMATED COSTS**

Mileage - shall be reimbursed at the IRS standard rate. Mileage claim should not include normal mileage to and from work during working days.  
Meal Allowance less than 24 hours shall be reimbursed at the city's per-diem rate and subject to the following time constraints:  
- Breakfast may be claimed if travel time began at or prior to 6am and terminated at or after 9am.  
- Lunch may be claimed if travel time began at or prior to 11am and terminated at or after 2pm  
- Dinner may be claimed if travel time began at or prior to 4pm and terminated at or after 7pm

Cost of substitute: daily rate 0 x 0 #days 0  
Personal miles 728.4 x .825 current rate \$455.25  
Hotel daily rate (includes hotel tax) \$ 208.55 x 4 #days \$835.40  
Conference registration fee: Is this registration being paid by Purchase Order or Cal Card? YES ☒ NO ☐ \$585.00  
Parking fees \$100.00  
Other transportation (rental car, airfare, etc.)  
Reimbursable meals \$351.00  
TOTAL ESTIMATED COST: \$2326.65

**FUNDING SOURCE/ACCOUNT CODE:**  
1100 30100 0 1300 2700 5200 0 400 4250

PROGRAM: APPROVAL: DIRECTOR, CATEGORICAL PROGRAMS  
Department/Site Administrator: *Randy Ariz* Date 10/13/2022 CAO: Date: RECEIVED  
Superintendent/Associate or Assistant Superintendent/Executive Director: Date:

**REIMBURSEMENT REQUEST FOR ACTUAL EXPENSES**

COMPLETE & SUBMIT THIS SECTION WITHIN 10 WORKING DAYS AFTER YOUR RETURN FROM CONFERENCE  
RECEIPTS ARE REQUIRED FOR HOTEL, CONFERENCE FEES, CAR RENTAL, OTHER TRANSPORTATION & PARKING FEES

DATE	HOTEL	PARKING	*BREAKFAST	*LUNCH	*DINNER	DAILY TOTAL
2/28				15.35	31.68	47.03
3/1				19.38	33.00	52.38
3/2				19.40		19.40
3/3			19.00	22.00		41.00
3/4			14.71	17.85		32.56
Conference Registration Fees						
Transportation Costs (mileage, car rental, etc.)						455.25
Other (parking, taxi, etc.)						
TOTAL REIMBURSEMENT REQUESTED:						647.62

\*If you do not know the per diem rate for meals indicate your request for reimbursement by placing an X in the box.  
You will not be reimbursed for meals included in the cost of your registration.

REIMBURSEMENT REQUESTED BY: Patrick Nolan BUSINESS OFFICE DATE: 3/9/23  
SIGNATURE: *Patrick Nolan* Last 4 digits of your Social Security #: XXX-XX-  
APPROVED BY: *Randy Ariz* Date approved: 3/16/2023  
Department/Site Administrator: (signature) 3/20/23

12/2020





# Before Attending the Conference

- ▶ **Attach copies of the supporting documents**
  - Cal Card Pre-Authorization form (if using Cal Card to book hotel, registration etc.)
  - Conference information and price or flyer containing details and prices
  - Map quest map with starting point and destination to calculate miles (\$0.655 cents per mile effective Jan. 2023)
  - Hotel quote/reservation (if applicable)
  - Flight quote/ rent a car (if applicable)
- ▶ Submit to the State and Federal Program Dept. for approval
- ▶ The forms will be date stamped and sent to the Director of State and Federal Program for approval or denial.
  - ▶ **If denied**, it will be sent back with the reason for denial. You may complete the process through your General Accounts and the State and Federal Dept. is no longer apart of the remainder of the process.
  - ▶ **If approved**, the forms will be signed and sent back to the school site to enter the information in Escape or to make the approved purchases with Cal-Card (if applicable).
- ▶ There will also be an instruction sheet attached stating that the forms will need to be returned back to the State and Federal Program Dept. once the employee returns from the conference. **Attendees will have 10 business days from the last day of the conference to return the finalized completed packet.**
- ▶ Site/Dept. Admin Assistant will register the attendee, make traveling arrangements, etc. They also submit payment via Cal Card or Purchase Order and holds the paperwork until after the attendee returns from the conference. ***If you make purchases with the Cal Card, you will need to keep an additional copy of these documents to submit with your monthly Cal Card Statement packet.***



# After Attending the Conference


- ▶ The attendees will need to complete **the bottom** of the original approved travel request form. Make sure all areas are complete:

1. Date
2. Parking
3. Breakfast
4. Lunch
5. Dinner
6. Daily Total
7. Transportation Costs
8. Other
9. Total Reimbursement Requested
10. Print Name with date of the attendee
11. Signature of the attendee
12. Last 4 of attendee SSN of attendee
13. Site/Dept. Administrator Signature

- ▶ Only Per Diem allowed amounts will be reimbursed for parking and meals, etc. Make sure they match receipts and totals do not go over the maximum per diem amount allotted.
- ▶ Employees will not be reimbursed for purchasing hotel, flight and conference registrations with their personal credit cards.
- ▶ **Receipts must be itemized and shall not include alcohol, tips, or any District unauthorized purchases or the reimbursement will be denied.**
- ▶ If there is no reimbursement, simply write a 0 on total reimbursement requested and have the employee/attendee print and sign the bottom section and submit all documents to the State and Federal Program Dept.

# Example of completing the top section.

Include all items to be paid or reimbursed. If items were not pre-approved they will not paid/reimbursed using State and Federal Program instead it will be charged to the Site General Fund.


**MADERA UNIFIED SCHOOL DISTRICT**  
 TRAVEL REQUEST AND REIMBURSEMENT CLAIM

OUT OF STATE  
 TRAVEL REQUIRES  
 BOARD APPROVAL

ALL conference attendance must be approved in advance by your Department/Site Administrator

NAME: Patrick Nolan Position: VP-Dean of Curriculum Site/Department: Madera High School  
 Conference/Activity: CADA State Convention Date(s) (from) 2/26/2023 (to) 3/4/2023  
YOU MUST ATTACH A COPY OF YOUR COMPLETED REGISTRATION FORM TO THIS REQUEST

Location: (city) San Diego (state) CA (county) San Diego

### ESTIMATED COSTS

Mileage - shall be reimbursed at the IRS standard rate. Mileage claim should not include normal mileage to and from work during working days.  
 Meal Allowance less than 24 hours shall be reimbursed at the city's per-diem rate and subject to the following time constraints:  
 • Breakfast may be claimed if travel time began at or prior to 6am and terminated at or after 9am.  
 • Lunch may be claimed if travel time began at or prior to 11am and terminated at or after 2pm.  
 • Dinner may be claimed if travel time began at or prior to 4pm and terminated at or after 7pm.

Cost of substitute: daily rate 0 x 0 #days 0 0  
 Personal miles 728.4 x .025 current rate \$455.25  
 Hotel daily rate (include hotel tax) \$ 208.85 x 4 #days \$835.40  
 Conference registration fee: Is this registration being paid by Purchase Order or Cal Card? YES ☒ NO ☐ \$588.00  
 Parking fees \$100.00  
 Other transportation (rental car, airfare, etc.)  
 Reimbursable meals \$351.00  
**TOTAL ESTIMATED COST: \$2326.65**

**FUNDING SOURCE/ACCOUNT CODE:**  
 1 0 0 3 0 1 0 0 0 1 3 0 0 2 7 0 0 5 2 0 0 0 4 0 0 4 2 5 0

PROGRAM: APPROVAL: DIRECTOR, CATEGORICAL PROGRAMS: *[Signature]* 10/25/22  
 Department/Site Administrator: *[Signature]* Date: 10/13/2022 CAO: Date: **RECEIVED**  
 Superintendent/Associate or Assistant Superintendent/Executive Director: Date:

### REIMBURSEMENT REQUEST FOR ACTUAL EXPENSES

COMPLETE & SUBMIT THIS SECTION WITHIN 18 WORKING DAYS AFTER YOUR RETURN FROM CONFERENCE

RECEIPTS ARE REQUIRED FOR HOTEL, CONFERENCE FEES, CAR RENTAL, OTHER TRANSPORTATION & PARKING FEES

DATE	HOTEL	PARKING	*BREAKFAST	*LUNCH	*DINNER	DAILY TOTAL
2/28				15.35	31.68	47.03
3/1				19.38	33.00	52.38
3/2				19.40		19.40
3/3			19.00	22.00		41.00
3/4			14.71	17.85		32.56
Conference Registration Fees						455.25
Transportation Costs (mileage, car rental, etc.)						
Other (parking, taxi, etc.)						
<b>TOTAL REIMBURSEMENT REQUESTED:</b>						<b>647.62</b>

\*If you do not know the per diem rate for meals indicate your request for reimbursement by placing an X in the box. You will not be reimbursed for meals included in the cost of your registration.

REIMBURSEMENT REQUESTED BY: Patrick Nolan BUSINESS OFFICE DATE: 3/9/23  
 Print Name: SIGNATURE: *[Signature]* Last 4 digits of your Social Security #: XXX-XX-XXXX  
 APPROVED BY: *[Signature]* Date approved: 3/16/2023  
 Department/Site Administrator: (signature) 3/20/23

12/2020

# After Attending the Conference

- ▶ **Attach copies of the finalized supporting documents. Some of these documents will be the same documents you used for the pre-approval.**
  - Cal Card Pre-Authorization form(s) with the Director of State and Federal Program signature indicating pre-approval was obtained.
  - Conference information and price or flyer containing details and prices
  - Map quest map with starting point and destination to calculate miles (\$0.655 cents per mile effective Jan. 2023)
  - Hotel final statement with charges
  - Flight/rent a car final statement
- ▶ All itemized meal receipts
- ▶ Parking receipts
- ▶ Site Dept. Admin Assistant should review the forms to make sure they are complete and have all the necessary supporting documents and receipts attached the along with reimbursements before it is sent to the State and Federal Program Dept.
- ▶ State and Federal Program Dept. will review and finalize the documents and send the requested reimbursements to the Accounts Payable Dept.
- ▶ Accounts Payable Dept. will issue payment to the attendee.



# Entering items in Escape using State and Federal Program funding

All purchase should be entered in a timely manner using the districts system ESCAPE. However, in emergency/time sensitive situations you may use the District issued Cal Card. Please note items being purchased **must be pre-approved** from the Director of State and Federal Programs **before purchases are made.**

# Entering items in Escape

34

- ▶ Sites and Departments should be entering most purchases in the MUSD's Purchasing System called Escape.
- ▶ Email the Director of State and Federal Program for pre-approval.
- ▶ Enter items as per the Escape manual (provided by the Business Dept.)
- ▶ Include your site reference goal, activity/action and page number in the COMMENT section of the escape requisition.
- ▶ Once the requisition is submitted it will be routed to the Director of State and Federal Program for review.
- ▶ If approved, it will continue through the routing system.
- ▶ If denied, the Director will contact you with the reason for the denial.

Finance - Requisitions - Vendor Requisitions

Search List Form

Delete Prev Next Save/Close Cancel Tasks

New Vendor Requisition

Requisition Items Accounts Payments Quotes Approvals Assets Attachments Notes History

Requisition/Vendor Information

1 - Requisition Information

Dept Id	PURCHREQ {PURCHASING DEPARTMENT}
Academic Department	
Requisitioner	Amanda Vela
Request Date	6/1/2022
Order Location	
Delivery Location	WHSE {DISTRICT WAREHOUSE}
Room	
Comment	Goal 1 Activity 3 Page 39
Responsibility	
Category	
Goods and Services Category	

2 - Vendor Information

Order Type	PO with Receiving
Online Order	
Online Order Contact	
Vendor Category	
Vendor Id	
Vendor Address Id	
Vendor Name	
Street Address	
City State Zip	
Phone / Fax	
Allows Emailing POs	
Quote Number	
Credit Card Id	

3 - PO Information

PO Date	
Delivery Date	

# Cal-Card purchases using State and Federal Program funding

- ▶ Any Categorically funded purchases made without prior approval will be denied and charged to your General Fund account.
- ▶ Complete the Cal-Card Pre-Authorization attached with Travel Request packet, quotes, shopping cart, or information on the items you are wanting to purchase.
- ▶ Examples of purchases commonly used with Cal-Card.
  - Books, reference materials for Teachers, supplies, etc.)
  - Online orders\vendor payments
  - Conference registrations
  - Hotel reservations
  - Cal Cards are **not** to be used for Amazon purchases or annual subscriptions that will automatically charged to the card every year.
- ▶ Submit it to the State and Federal Program Dept. for approval/denial.

- Director of State and Federal Program will approve or deny the request and a copy will be emailed or sent back via district mail with the Directors signature.
- Site/Department Admin Assistant will purchase the requested items and keep the signed approval form for their records so they may submit a copy along with their monthly Cal-Card statement packet.
- Site/Department Admin Assistant will need to submit the Cal-Card statement at the end of the month to the State and Federal Program Dept. with supporting Cal-Card documents for final signatures.
- State and Federal Program Dept. will process all of the documents to the Accounts Payable Dept. for finalizing.

**If you need training on how to submit your monthly Cal-Card statement packet, please speak to your site administrator.**



# Example of Cal- Card Purchase requests and supporting document

Cal-Card Purchase Request Form Using Categorical Funds

Must be pre-approved by Categorical Office prior to placing orders. Failure to do so will result in purchases being charged to your General Fund.		
Site or Department Name	MHS Math	Date: 01/11/2023
Vendor Name	Office Depot	
Site or Department Title I Account	0100-30100-0-1300-1000-4310-00-490-4250	

SPSA Goal, Activity/Action, Page(s)	QTY	Description	Estimated Price	Total
Goal 1 Activity 1, pg. 38-40 Purchase materials and supplies to support the implementation of advanced thinking skills	1	Supplies for Project Based Learning	Not to exceed \$500	Not to exceed \$500
		<a href="#">Item List</a>		
			Subtotal	
			Sales Tax	
			Tax Cost	
			Shipping Cost	
			<b>Total</b>	

Administrator's Signature: 

Categorical Office Signature:  2/15/23

1/11/23, 4:25 PM

Office Supplies, Furniture, Technology at Office Depot

Office DEPOT  
OfficeMax

Search

## FIND YOUR STORE

### Christopher Brown recommends these items that you may be interested in

Select the items below you would like to add to your shopping cart

Description	Our Price / unit	Qty.	Total
 Office Depot® Brand Poster Board, 22" x 28", White, Pack Of 10 Item # Item # 858277	\$8.99 / pack	34	\$305.66
 Elmer's® Glue Stick Classroom Pack, Purple, Box Of 30 Item # Item # 698283	\$21.49 / pack	4	\$85.96
			<b>Subtotal</b> \$391.62

# Budget Revision Request

Budget Revision Requests are used when you need to move State and Federal funding Resource account form one Object or Function to another.

# Budget Revision Request

- ▶ Budget Revisions that are under \$5,000 can be done via email request to the Budget Analyst that oversees State and Federal funding and Cc: Director of State and Federal Program and the Dept. Admin Assistant.
- ▶ If over \$5,000 complete the following process.
  - Complete the Budget Revision form.
  - 1. From (name of person requesting the revision)
    2. Site/Department
    3. Date
    4. What are you paying for with the budget revision below?
    5. How much does each unit?
    6. What school or educational function is being served by the budget revision below (mark the sections that apply)
    7. Have you modified your Site Plan Worksheet to reflect the budget revision below?
    8. Complete the budget lines and amounts. (please not the about from and to should match).
    9. Department or Site Signature
- ▶ If the transfer is being requested to cover a specific purchase, then you will need to attach a copy of the item(s) being purchased.
- ▶ **If approved**, a copy will be sent to the Budget Analyst for completion of the transfer, and the school site to complete the purchase request through Escape.
- ▶ **If denied**, the reason will be emailed to the school site for further direction.



# Example of Budget Revision form

## Madera Unified School District BUDGET REVISION REQUEST

General Fund send to [theresabrown@maderausd.org](mailto:theresabrown@maderausd.org)Categorical/Grants send to [nancygomes@maderausd.org](mailto:nancygomes@maderausd.org)From:  Dept:  Date: 

What are you paying for with the budget revision below? Books for RTI Classroom  
 How much does each unit cost? \$2,450.00

What school or educational function is being served by the budget revision below?

Classroom Instruction ☒ Parent Involvement ☐ School Administration ☐ Co-curricular student activities ☐  
 Function 1000 Function 2495 Function 2700  
 Staff Development ☐ Library ☐ Custodial/Maintenance ☒ Other: \_\_\_\_\_  
 Function 2140 Function 2420 Function 8210 8110

Have you modified your Site Budget Plan Worksheet to reflect the budget revision below?

Yes ☐ No ☐

	FUND ####	RESOURCE #####	YEAR #	GOAL ####	FUNCTION ####	OBJECT ####	SUB OBJ ##	SITE ###	DEPT ####
1	0100	30100	0	1200	1000	4310	00	290	4200
2	0100	30100	0	1200	1000	4200	00	290	4200
3									
4									
5									
6									
7									

Move \$ FROM	Move \$ TO
2,450.00	
	2,450.00
\$ 2,450.00	\$ 2,450.00

Common Objects:

Printshop 5715  
 Instr. Supplies 4310  
 Tech Order >\$500 4485  
 School Bus Transportation 5716

Categorical Signature:  
 Department or Site Signature:

*[Signature]* 10/25/22  
*[Signature]*

# Student and Parent Involvement Field Trips

Using State and Federal funding to pay for student and parent involvement field trips.

Parents attending must complete the District process of being cleared to attend a school event/field trip.

# Completing the Student/Parent Involvement Field Trips form

► Complete the State and Federal Program Student and Parent Involvement Field Trip Request form.

1. School
2. Class/organization
3. Teacher/Director/Advisor
4. Name of activity/event
5. Date of event
6. Location of activity/event
7. City
8. State
9. Location of activity/event
10. City
11. State
9. Method of transportation
10. Number of students
11. Number of chaperons
12. List of attendees with titles
13. Description of event and how it reflects the SPSA
14. Event costs
15. Funding source/account code
16. Transportation costs
17. Funding source/account code
18. Site Principal/Department Admin signature
19. Date signed

- Complete Cal Card process (if applicable)
- Attach supporting documents to the form.
  - Itinerary
  - Attach student list of attendees and include the parent name next to their students name
  - Flyer/ Field trip information
  - Transportation request
  - Etc.
- Submit all documents to the State and Federal Program Dept.
- Director will approve or deny the request at the bottom of the form and it will be sent back to the school for completing the travel arrangements.
- **If denied**, the Director will send an email to the site Principal.
- If denied the site Principal will decide if they will use the Site General fund instead of State and Federal funding or cancel the trip.



# Example of Student and Parent Involvement form

- Student to Parent ratio: Parent participation is 10% of the student participation total. (Ex: for every 10 students 1 parent is needed).
- Parent Involvement Field Trip Request forms must be submitted 4-6 week before the event and 6-8 weeks if a PO is needing to be submitted.

Categorical Department	
Student and Parent Involvement Travel /Field Trip Request	
YOU MUST ATTACH A TRIP ITINERARY, EVENT FLYER/INFO., AND ATTENDEE LIST OR THIS REQUEST WILL NOT BE PROCESSED	
NOTE: This form must be completed and submitted to the Categorical Department 2 weeks prior to the event date. If you are planning an Overnight or Out of State trip, you will need to contact the AAS Office and follow the District's Governing Board process for Board approval.	
School: <u>Madera South High School 1</u>	Class/organization: <u>Public Safety Law Enforcement</u>
Teacher/director/advisor: <u>Rickie Hernandez</u>	Name of activity/event: <u>Tour to Alcatraz Prer 33 class</u>
Date of event: <u>11/4/22</u>	Location of activity/event: <u>Prer 33 SUT 200</u> City: <u>San Francisco</u> State: <u>CA</u> 94111
All drivers and chaperones must have current fingerprint clearance on file with MUSD (AR 4122.2(a), AR 4222.2, BP 4122.2(a) and BP 4222.2) and must meet all requirements of MUSD regarding transportation of students (BP 3541.1).	
Method of transportation: <u>Charter BUS</u> (personal automobile; rental automobile; charter bus; school bus, District vehicle)	
Number of students attending: <u>37</u>	Number of chaperones: Certified <u>2</u> Classified <u>2</u> Parents <u>4</u>
<b>List of Attendees</b>	
(You can also attach a list with names and identifying if they are staff, student, or parent. Please note for every 10 students attending 1 parent must participate.)	
Names of attendees: Affiliation: (teacher/student/parent, etc.)	Names of attendees: Affiliation: (teacher/student/parent, etc.)
<u>Please see Attached list.</u>	
Describe the event/activity. Include how this event benefits students and parents attending and how it supports the goals and strategies of the School Plan for Student Achievement. (SPSA). Complete and use an extra sheet of paper if necessary.	
<u>Students from the public safety class and parents will be able to learn about the foundation and history of a federal prison that housed the most notorious criminals. The history includes: function of military boat, site of civil protest occupation, national landmark.</u>	
Budget Information: SPSA Trans Activities Goal 3 Act 3 pg 54-55	
Event/Registration Costs \$ <u>1446.75</u>	Fees Goal 2 Act 5 pg 47-48
Transportation Costs \$ <u>2000</u>	Funding Source/Account Code: <u>0100-30100-0-1300-5808-00-490-4250</u>
Site Principal/Department Admin: <u>[Signature]</u> Date: <u>9-28-22</u>	
Categorical Use Only	
Director of Categorical Programs: <u>[Signature]</u>	Approved: <u>[Signature]</u> Denied: <u>[Signature]</u> Date: <u>9/27/22</u>

# Additional Training Resource Guide

If you need additional training in these areas, please contact the departments indicated below.

- ▶ **State and Federal Program Guidelines and Requirements** – State and Federal Programs Dept. (Johnny Gonzalez or Amanda Vela)
- ▶ **Escape** – Fiscal Services Department (Arelis Garcia or Elena Castillo)
- ▶ **Cal Card** – Accounts Payable/Fiscal Services (Arelis Garcia or Melanie Serros)
- ▶ **Budgets/Accounts/Timesheets** - Fiscal Services Department (Arelis Garcia or Elena Castillo)
- ▶ **Field Trip Handbook** – School Site Principal or the Area Associate Superintendent Office

Thank You  
for attending  
the State and Federal  
Program Training