

2006 Educational Quality Assurance (QA) Review Report For Residential Programs (----- COPY)
 Florida Department of Education, Bureau of Exceptional Education and Student Services; Juvenile Justice Educational Enhancement Program

School Name		(If New Name, Include Old Name In 2nd Shaded)		Date of Review				Reviewer(s)			
School #(s)		/ / (LIST ALL)		Date of Change in Education Provider		N/A (month & year)					
Supervising School District		County		Program Type		-----		Security Level(s)		-----	
Operator of Educational Program		(Profit Status)		Operator of Facility		(Profit Status)		Career Type		---	
County of Program Location				Diplomas Reported by Program		-----, -----, -----, ----- (LIST ALL)		Funded by Title I, Part A?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Program Address				Diplomas Reported Under A Specific School in the Program's Supervising School District		<input type="checkbox"/> Yes <input type="checkbox"/> No -----, -----, -----, ----- (LIST ALL)		Funded by Title I, Part D?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address (If different from location address)		N/A		Diplomas Reported Under Students' Zoned School		<input type="checkbox"/> Yes <input type="checkbox"/> No -----, -----, -----, ----- (LIST ALL)		School District Consultative Services		ESE <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lead Educator				Maximum Capacity		---		Student: Teacher Ratio		---:1	
Facility Director				Age Range of Students		__ to __ years old		Guidance		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Official School District DJJ Contact				Phone		N/A		E-mail		N/A	
Serves		Males <input type="checkbox"/> Yes <input type="checkbox"/> No (#) _____		Phone		N/A		E-mail		N/A	
		Females <input type="checkbox"/> Yes <input type="checkbox"/> No (#) _____		Fax		N/A		E-mail		N/A	
(#) Students Identified with Reading Deficiencies		_____		Phone		N/A		E-mail		N/A	
(#) Students at Time of QA Review		Head Count _____		Fax		N/A		E-mail		N/A	
		School Registered _____		Phone		N/A		E-mail		N/A	
		HSD/GED _____		Fax		N/A		E-mail		N/A	
		DJJ (committed to) _____		Phone		N/A		E-mail		N/A	
		Total _____		Fax		N/A		E-mail		N/A	
(#) ESE Students (by primary disability)				EH		_____		MH		_____	
				SED		_____		SLD		_____	
				SLI		_____		OHI		_____	
				GIFTED		_____		Other:		_____	
Total # of ESE Students		_____		Self-Contained		<input type="checkbox"/>		Collaboration/Consultation		<input type="checkbox"/>	
				Resource		<input type="checkbox"/>		Inclusion		<input type="checkbox"/>	
				No ESE Services Provided		<input type="checkbox"/>					
ESE Service Delivery Model				White Non-Hispanic (#)		_____		Hispanic (all races) (#)		_____	
				Black Non-Hispanic (#)		_____		American Indian or Alaskan Native (#)		_____	
				Asian or Pacific Islander (#)		_____		Multiracial (#)		_____	
				Other (#)		_____		Total (#)		_____	

SCORES			Are there other DJJ programs on this site that are part of this report? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate:				
RESIDENTIAL COMMITMENT EDUCATIONAL INDICATORS	AVERAGE FOR STANDARD	PERFORMANCE INDICATOR 0 - 9	Program	School #	Max. Capacity	Type	Level
Indicator 1: Transition Services							
Indicator 2: Testing and Assessment							
Indicator 3: Student Planning							
Indicator 4: Academic Curriculum and Instruction			Are there other JJ schools at this location that will receive a separate report? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Indicator 5: Reading Curriculum and Instruction			Program	School#	Max. Capacity	Type	Level
Indicator 6: Employability, Career, and Technical Curriculum and Instruction							
Indicator 7: ESE and Related Services							
Indicator 8: Collaboration							
Indicator 9: Educational Personnel Qualifications							
Indicator 10: Professional Development and Teacher Retention							
Indicator 11: Learning Environment and Resources							
OVERALL AVERAGE SCORE FOR PROGRAM			A corrective action plan (CAP), as required by Rule 6A-6.05281(10), FAC: <input type="checkbox"/> is not required. <input type="checkbox"/> is required.				
The score for contract management indicator 12 does not affect the overall average score for the program. It reflects the responsibility of the local school district.							
Indicator 12: School District Monitoring, Accountability, and Evaluation							

**Florida Department of Education
Bureau of Exceptional Education and Student Services
Juvenile Justice Educational Enhancement Program**

METHODOLOGY

Persons Interviewed	<input type="checkbox"/> Lead Educator for Self-Report Pre-Review Telephone Interview <input type="checkbox"/> School District Contact for Self-Report Pre-Review Telephone Interview	Persons Interviewed On Site	<input type="checkbox"/> Facility Director <input type="checkbox"/> School District Contact <input type="checkbox"/> Lead Educator <input type="checkbox"/> Registrar	<input type="checkbox"/> ESE Coordinator <input type="checkbox"/> ESE Consultant	___ Teacher(s) (# of) ___ Teacher Aide(s) (# of)	___ Guidance/Advising Persons (# of) ___ Students (# of)	Others: None
Documents Reviewed	<input type="checkbox"/> Previous Year's QA Review Report <input type="checkbox"/> Previous Year's CAP <input type="checkbox"/> Self-Report Data Survey <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Purchase Service/Operating Contract <input type="checkbox"/> Quarterly Expenditure Report <input type="checkbox"/> Most Recent Program Evaluation Materials	<input type="checkbox"/> Educational Policies & Procedures <input type="checkbox"/> Faculty Meeting Agendas <input type="checkbox"/> Community Support Documents <input type="checkbox"/> Volunteer Log	<input type="checkbox"/> Annual School Calendar <input type="checkbox"/> Bell Schedule <input type="checkbox"/> Class Schedules <input type="checkbox"/> Class Attendance Rosters <input type="checkbox"/> Curriculum Documents	<input type="checkbox"/> Teacher Lesson Plans <input type="checkbox"/> Student Work Folders <input type="checkbox"/> Guidance Forms <input type="checkbox"/> Inservice Training Records <input type="checkbox"/> Personnel Files	___ Current Student Educational Files (# of) ___ Closed Student Educational Files (# of) ___ DJJ Commitment Files (# of) Others: None		
Observations	___ Classroom(s) (# of) ___ Treatment Team Meeting(s) (# of)		Others: None				

SUMMARY

The findings in this report are based on interviews, observations, and a review of documentation.

2006 Educational Quality Assurance (QA) Review Report For Day Treatment Programs (----- COPY)

Florida Department of Education, Bureau of Exceptional Education and Student Services; Juvenile Justice Educational Enhancement Program

2006 Annual Report to the Florida Department of Education: Juvenile Justice Educational Enhancement Program

School Name <small>(If New Name, Include Old Name In 2nd Shaded)</small>				Date of Review				Reviewer(s)										
School #(s) / / (LIST ALL)				Date of Most Recent Change in Education Provider Since Last QA Review				N/A (month & year)										
Supervising School District County				Program Level -----				Funded by Title I, Part A? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Operator of Educational Program <small>(Profit Status)</small>				Operator of Facility <small>(Profit Status)</small>				Funded by Title I, Part D? <input type="checkbox"/> Yes <input type="checkbox"/> No										
County of Program Location				Diplomas Reported by Program -----, -----, -----, -----, (LIST ALL)				School District Consultative Services										
Program Address				Diplomas Reported Under A Specific School in the Program's Supervising School District <input type="checkbox"/> Yes <input type="checkbox"/> No -----, -----, -----, -----, (LIST ALL)				ESE <input type="checkbox"/> Yes <input type="checkbox"/> No										
				Diplomas Reported Under Students' Zoned School <input type="checkbox"/> Yes <input type="checkbox"/> No -----, -----, -----, -----, (LIST ALL)														
Mailing Address (If different from location address) N/A				Maximum Capacity ---		Current Student to Teacher Ratio ---: 1		Age Range of Students -- to -- years old		Guidance <input type="checkbox"/> Yes <input type="checkbox"/> No								
Lead Educator				Phone N/A		Fax N/A		E-mail N/A		ESOL <input type="checkbox"/> Yes <input type="checkbox"/> No								
Facility Director				Phone N/A		Fax N/A		E-mail N/A		(#) Teacher Aides/Paraprofessionals --- P/T --- F/T								
Official School District DJJ Contact				Phone N/A		Fax N/A		E-mail N/A		(#) Students with Limited English Proficiency (LEP) ---								
Serves		Males <input type="checkbox"/> Yes <input type="checkbox"/> No (---) (#)		Females <input type="checkbox"/> Yes <input type="checkbox"/> No (---) (#)		(#) ESE Students (by primary disability)		ESE Service Delivery Model										
(#) Students Identified with Reading Deficiencies		---		EH --- SED				MH --- SLD		Self-Contained <input type="checkbox"/>		Collaboration/Consultation <input type="checkbox"/>						
(#) Students at Time of QA Review		--- Head Count		--- HSD/GED				SLI --- GIFTED		Resource <input type="checkbox"/>		Inclusion <input type="checkbox"/>						
		--- School Registered		--- DJJ (committed to)				Other: ---		No ESE Services Provided <input type="checkbox"/>								
		--- Total				Total # of ESE Students												
Ethnicity of Students																		
--- White Non-Hispanic (#)				--- Hispanic (all races) (#)				--- Asian or Pacific Islander (#)				--- Other (#)						
--- Black Non-Hispanic (#)				--- American Indian or Alaskan Native (#)				--- Multiracial (#)				--- Total (#)						
SCORES						Are there other DJJ programs on this site that are part of this review? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate:												
DAY TREATMENT PROGRAMS EDUCATIONAL INDICATORS			AVERAGE FOR STANDARD			PERFORMANCE INDICATOR 0 - 9			<i>Program</i>		<i>School #</i>		<i>Max Capacity</i>		<i>Type</i>		<i>Level</i>	
Indicator 1: Transition Services																		
Indicator 2: Testing and Assessment																		
Indicator 3: Student Planning																		
Indicator 4: Academic Curriculum and Instruction																		
Indicator 5: Reading Curriculum and Instruction																		
Indicator 6: Employability and Career Education Curriculum and Instruction																		
Indicator 7: ESE and Related Services																		
Indicator 8: Collaboration																		
Indicator 9: Educational Personnel Qualifications																		
Indicator 10: Professional Development and Teacher Retention																		
Indicator 11: Learning Environment and Resources																		
Indicator 12: Student Attendance																		
OVERALL AVERAGE SCORE FOR PROGRAM						Are there other DJJ schools at this location that will receive a separate report? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate:												
The score for contract management indicator 12 does not affect the overall average score for the program. It reflects the responsibility of the local school district.																		
Indicator 13: School District Monitoring, Accountability, and Evaluation																		
<p>A corrective action plan (CAP), as required by Rule 6A-6.05281(10), FAC: <input type="checkbox"/> is not required. <input type="checkbox"/> is required.</p>																		

**Florida Department of Education
Bureau of Exceptional Education and Student Services
Juvenile Justice Educational Enhancement Program**

METHODS

Persons Interviewed	<input type="checkbox"/> Lead Educator for Self-Report Pre-Review Telephone Interview <input type="checkbox"/> School District Contact for Self-Report Pre-Review Telephone Interview	Persons Interviewed On Site	<input type="checkbox"/> Facility Director <input type="checkbox"/> School District Contact <input type="checkbox"/> Lead Educator <input type="checkbox"/> Registrar	<input type="checkbox"/> ESE Coordinator <input type="checkbox"/> ESE Consultant	___ Teacher(s) (# of) ___ Teacher Aide(s) (# of)	___ Guidance/Advising Persons (# of) ___ Students (# of)	Others: None
Documents Reviewed	<input type="checkbox"/> Previous Year's QA Review Report <input type="checkbox"/> Previous Year's CAP <input type="checkbox"/> Self-Report Data Survey <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Purchase Service/Operating Contract <input type="checkbox"/> Quarterly Expenditure Report <input type="checkbox"/> Most Recent Program Evaluation Materials	<input type="checkbox"/> Educational Policies & Procedures <input type="checkbox"/> Faculty Meeting Agendas <input type="checkbox"/> Community Support Documents <input type="checkbox"/> Volunteer Log	<input type="checkbox"/> Annual School Calendar <input type="checkbox"/> Bell Schedule <input type="checkbox"/> Class Schedules <input type="checkbox"/> Class Attendance Rosters <input type="checkbox"/> Curriculum Documents	<input type="checkbox"/> Teacher Lesson Plans <input type="checkbox"/> Student Work Folders <input type="checkbox"/> Guidance Forms <input type="checkbox"/> Inservice Training Records <input type="checkbox"/> Personnel Files	___ Current Student Educational Files (# of) ___ Closed Student Educational Files (# of) ___ Closed DJJ Commitment Files (# of)	Others: None	
Observations	___ Classroom(s) (# of) ___ Treatment Team Meeting(s) (# of)		Others: None				

SUMMARY

The findings in this report are based on interviews, observations, and a review of documentation.

2006 Educational Quality Assurance (QA) Review Report For Detention Centers (----- COPY)

Florida Department of Education, Bureau of Exceptional Education and Student Services; Juvenile Justice Educational Enhancement Program

2006 Annual Report to the Florida Department of Education; Juvenile Justice Educational Enhancement Program

School Name		(If New Name, Include Old Name In 2nd Shaded)		Date of Review				Reviewer(s)					
School #(s)		/ / (LIST ALL)		Date of Most Recent Change in Education Provider Since Last QA Review		N/A (Month & Year)							
Supervising School District		County		Operator of Facility		(Profit Status)		Funded by Title I, Part A?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Operator of Educational Program		(Profit Status)		Diplomas Reported by Program		-----, -----, -----, -----, (LIST ALL)		Funded by Title I, Part D?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
County of Program Location				Diplomas Reported by a School in Program's School District		<input type="checkbox"/> Yes <input type="checkbox"/> No -----, -----, -----, -----, (LIST ALL)		School District Consultative Services		ESE			
Program Address				Diplomas Reported Under Students' Zoned School		<input type="checkbox"/> Yes <input type="checkbox"/> No -----, -----, -----, -----, (LIST ALL)				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address (If different from location address)		N/A		Maximum Capacity		—				Student to Teacher Ratio		— : 1	
				Age Range of Students (at time of QA Review)		— to — years old				Guidance			
Lead Educator				Phone		N/A				ESOL			
				Fax		N/A		E-mail		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Facility Director				Phone		N/A				(#) Teacher Aides/Paraprofessionals			
				Fax		N/A		E-mail		P/T F/T			
Official School District DJJ Contact				Phone		N/A				(#) Students with Limited English Proficiency (LEP)			
				Fax		N/A		E-mail		—			
Serves		Males <input type="checkbox"/> Yes <input type="checkbox"/> No (#) _____		(#) ESE Students (by primary disability)		EH _____		MH _____		ESE Service Delivery Model			
		Females <input type="checkbox"/> Yes <input type="checkbox"/> No (#) _____				SED _____		SLD _____		Self-Contained <input type="checkbox"/>		Collaboration/Consultation <input type="checkbox"/>	
(#) Students Identified with Reading Deficiencies		_____				SLI _____		OHI _____		Resource <input type="checkbox"/>		Inclusion <input type="checkbox"/>	
(#) Students at Time of QA Review		Head Count _____ HSD/GED _____				GIFTED _____		Other: _____		No ESE Services Provided <input type="checkbox"/>			
		School Registered _____ DJJ (committed to) _____		Total		_____							
Ethnicity of Students													
White Non-Hispanic (#)			Hispanic (all races) (#)			Asian or Pacific Islander (#)			Other (#)				
Black Non-Hispanic (#)			American Indian or Alaskan Native (#)			Multiracial (#)			Total (#)				

SCORES					
DETENTION CENTER EDUCATIONAL INDICATORS	AVERAGE FOR STANDARD	PERFORMANCE INDICATOR 0 - 9	DETENTION CENTER EDUCATIONAL INDICATORS	AVERAGE FOR STANDARD	PERFORMANCE INDICATOR 0 - 9
Indicator 1: Transition Services			OVERALL AVERAGE SCORE FOR PROGRAM		
Indicator 2: Assessment and Planning			<i>The score for contract management indicator 8 does not affect the overall average score for the program. It reflects the responsibility of the local school district.</i>		
Indicator 3: Curriculum and Instruction			Indicator 9: School District Monitoring, Accountability, and Evaluation		
Indicator 4: ESE and Related Services					
Indicator 5: Collaboration					
Indicator 6: Educational Personnel Qualifications					
Indicator 7: Professional Development and Teacher Retention					
Indicator 8: Learning Environment and Resources			A corrective action plan (CAP), as required by Rule 6A-6.05281(10), FAC: <input type="checkbox"/> is not required. <input type="checkbox"/> is required.		

**Florida Department of Education
Bureau of Exceptional Education and Student Services
Juvenile Justice Educational Enhancement Program**

METHODS

Persons Interviewed	<input type="checkbox"/> Lead Educator for Self-Report Pre-Review Telephone Interview <input type="checkbox"/> School District Contact for Self-Report Pre-Review Telephone Interview	Persons Interviewed On Site	<input type="checkbox"/> Facility Director <input type="checkbox"/> School District Contact <input type="checkbox"/> Lead Educator <input type="checkbox"/> Registrar	<input type="checkbox"/> ESE Coordinator <input type="checkbox"/> ESE Consultant	___ Teacher(s) (# of) ___ Teacher Aide(s) (# of)	___ Guidance/Advising Persons (# of) ___ Students (# of)	Others:
Documents Reviewed	<input type="checkbox"/> Previous Year's QA Review Report <input type="checkbox"/> Previous Year's CAP <input type="checkbox"/> Self-Report Data Survey <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Purchase Service/Operating Contract <input type="checkbox"/> Quarterly Expenditure Report <input type="checkbox"/> Most Recent Program Evaluation Materials	<input type="checkbox"/> Educational Policies & Procedures <input type="checkbox"/> Faculty Meeting Agendas <input type="checkbox"/> Community Support Documents <input type="checkbox"/> Volunteer Log	<input type="checkbox"/> Annual School Calendar <input type="checkbox"/> Bell Schedule <input type="checkbox"/> Class Schedules <input type="checkbox"/> Class Attendance Rosters <input type="checkbox"/> Curriculum Documents	<input type="checkbox"/> Teacher Lesson Plans <input type="checkbox"/> Student Work Folders <input type="checkbox"/> Guidance Forms <input type="checkbox"/> Inservice Training Records <input type="checkbox"/> Personnel Files	___ Current Student Educational Files (# of) ___ Closed Student Educational Files (# of) ___ Closed DJJ Commitment Files (# of)	Others:	
Observations	___ Classroom(s) (# of) ___ Treatment Team Meeting(s) (# of)		Others:				

SUMMARY

The findings in this report are based on interviews, observations, and a review of documentation.

