



Arizona Educational Foundation

A+ SCHOOLS OF EXCELLENCE

APPLICATION

2010-2011



A+ Schools of Excellence

Sponsored by:



Additional support provided by:



and





APPLICATION

<i>Part I</i>	<i>Demographics</i>
<i>Part II</i>	<i>Vision/Mission</i>
<i>Part III</i>	<i>School Summary</i>
<i>Part IV</i>	<i>School Criteria</i>

A. School Organization and Culture

B. Student Focus and Support

C. Professional Learning Communities

D. Active Teaching and Learning

E. Challenging Curriculum Standards

F. Leadership and Educational Vitality

G. School, Family, and Community Partnerships

H. Indicators of Success

I. Challenges

Eligibility Criteria

To be eligible to participate in the A+ Schools of Excellence program, a school must:

1. Be a public, or public charter school (elementary or secondary) with some combination of grades PreK-12.
2. Have met the criteria as a 'Performing' or better school under Arizona Department of Education's AZ LEARNS in the year prior to applying for the award.
3. Be in its sixth full year of operation in its current (or similar) grade configuration when the application is submitted.
4. Have met all areas of federal and state compliance, and have no unresolved complaint issues specific to OCR violations or the Constitution's equal protection clause; or be part of a district in current violation of, or corrective actions in, said statutes.
5. Not have been recognized as an A+ school in the past three years. Previously recognized schools are eligible to reapply after their three-year status is complete.
6. Have a principal who has completed at least one full year as principal of the applicant school.

Application Instructions

- Use the guidelines below each question in Part IV, Sections A-I in the "Comprehensive Guidelines" to address each question directly and concretely.
- Even though your school may in reality be exemplary, failure to adhere to the guidelines in each section could result in an unfavorable review.
- Review Eligibility Criteria specified above for compliance before completing the application.
- Page limits for each section must be strictly adhered to. Do not submit any additional graphs, charts, surveys, photographs, CDs, DVDs, addenda, etc. If you wish, you may provide these to the Evaluator Teams when they visit your school.
- Respond to all questions unless otherwise specified.
- Retype the bold parts only of each question in Part IV when answering each section; do not retype each bullet or non-bolded portions. For example: **A. School Organization and Culture; A1.** *type the bolded phrase only, not the prompts; A2.* *type the bolded words only, not the prompts, etc.*
- Your responses should address all prompts, but should not be limited by them.
- To support your responses, provide specific details, evidence, participation numbers, illustrative examples and other relevant data.
- Cross-reference answers when appropriate to avoid repetition.

Technical Specifications

- Contact bobbie@azedfoundation.org if you would like to receive the application in MS Word format.
- Use Times New Roman (or similar) 12-point font throughout the entire application with the exception of reporting data in Part IV, Section H4. Be consistent with font style and size.
- Single space the application.
- Margins (top, bottom, and sides) must be no smaller than 1 (one) inch.
- Number the pages beginning with the Cover Sheet as Page 1.
- Submit five (5) (original application plus four) collated, stapled (not bound), single-sided copies on white paper to the address on the Cover Sheet. Do not include any other cover sheet

Submit Application to:

Arizona Educational Foundation 6155 E. Indian School Rd., Suite #106, Scottsdale, AZ 85251

It must be received no later than **5:00 p.m. on January 14, 2011** (Call 480-421-9376 with questions.)

2010-2011 A+ SCHOOLS OF EXCELLENCE APPLICATION COVER SHEET

Official School Name _____

District Name _____

Level (circle all grades that apply): Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Previous A+ School? Yes No If Yes, Year(s) _____

Name of **Principal**: _____

School Mailing Address _____

City: _____ Zip: _____

Primary Phone (_____) _____ Principal Phone or ext. _____

Principal Email address _____

Name of **Superintendent**: _____

District Mailing Address _____

City: _____ Zip: _____

Primary Phone (_____) _____ Superintendent Phone (_____) _____

Superintendent Email address _____

If your school is selected to receive a site visit, the review panel members will need directions to your school and will need to know dates that will present potential conflicts. Please complete the following:

Street Address City & Zip of school (if different from mailing address): _____

Detailed travel directions indicating surface streets that lead to your school:

Calendar information:

Best days of week, and times, to observe _____

Time school buses begin arriving in the morning: _____ Time classes begin: _____

Time classes dismiss: _____ Spring Break dates: _____

Standardized testing dates: _____

Early release, overnight or all-day field trips or other out-of-the-ordinary activities planned that might interfere with a site visit for the period **February 1 – April 15, 2011**; indicate grade level(s) affected:

SIGNATURES:

I have reviewed the information in this package, including the eligibility requirements, and certify that to the best of my knowledge it is accurate. If my school is recognized as an A+ School of Excellence, the contents of this application may be made available to the public.

Date _____

Principal's signature

I have reviewed the information in this package, including the eligibility requirements, and certify that to the best of my knowledge it is accurate.

Date _____

Superintendent's signature

I have reviewed the information in this package, including the eligibility requirements, and certify that to the best of my knowledge it is accurate.

Date _____

School Board Member's signature

Printed name of School Board Member _____

PART I: DEMOGRAPHIC DATA

DISTRICT INFORMATION:

1. Total number of Pre K-12 students enrolled in the district: _____
2. Number of schools in the district:
_____ Elementary _____ Middle/Junior High Schools
_____ K-8 _____ High schools

TOTAL SCHOOLS: _____

SCHOOL INFORMATION:

3. Category that best describes the area where the school is located:
_____ Urban or large central city
_____ Suburban
_____ Suburban w/characteristics of urban areas
_____ small city/town in rural area
_____ rural
4. Number of years the principal has been in her/his position at this school? _____ (see Eligibility Requirements)
If less than three years, how long was the previous principal at this school? _____
5. Number of students enrolled at each grade level or its equivalent in the school applying for A+ status:
Pre-K _____ 5th _____ 9th _____
1st _____ 6th _____ 10th _____
2nd _____ 7th _____ 11th _____
3rd _____ 8th _____ 12th _____
4th _____

TOTAL: _____
6. Racial/ethnic composition of students in the school:
_____ % American Indian or Alaska Native
_____ % Asian, Native Hawaiian or Other Pacific Islander
_____ % Black or African American
_____ % Hispanic or Latino
_____ % White
_____ % Other; specify _____
7. Student turnover, or mobility rate, during the past year: _____ % (Calculate this rate by taking the total number of students who transferred to or from your school between October 1 and the end of the school year, divided by the total number of students in school as of October 1, and multiplying by 100.)

8. Limited English proficient students in the school:
 Total number: _____ As a % of total student population: _____
 a. Total Number of languages represented: _____
 b. Specify languages: _____

9. Students who participate in free/reduced-priced meals:
 Total number: _____ As a % of total student population: _____
If this method is not a reasonably accurate estimate of the percentage of students from low-income families or the school does not participate in the federally-supported lunch program, specify a more accurate estimate, tell why the school chose it, and explain how it arrived at this estimate.

10. Students receiving special education services:
 Total number: _____ As a % of total student population: _____
 _____ Specific Learning Disability
 _____ DD/Health Impaired/Autistic
 _____ Other Severe (specify): _____

Indicate if your school is the district site for any specific special education magnet program(s); if so, include student enrollment for program(s).

11. Indicate number of full-time and part-time staff members in each of the categories below:

Number of Staff

	Full-time	Part-time
Administrators	_____	_____
Classroom teachers	_____	_____
Specials: Therapists	_____	_____
Resource teachers	_____	_____
Other specialists	_____	_____
Paraprofessionals	_____	_____
Other Support Staff	_____	_____
TOTAL FTE:	_____	

Describe any significant changes in the data reported in items 1-11 that have occurred during the past five years. Explain why the changes occurred and the impact on your school programs (use additional page if necessary).

PART II: VISION/MISSION STATEMENTS

Limit: one single-spaced page

Parts II and III may be combined for a total of no more than two (2) single-spaced pages
(refer to “Comprehensive Guidelines” for prompts)

PART III: SCHOOL SUMMARY

Limit: one single-spaced page

Parts II and III may be combined for a total of no more than two (2) single-spaced pages
(refer to “Comprehensive Guidelines” for prompts)

PART IV: SCHOOL CRITERIA

Limit: 25 single-spaced pages

(refer to “Comprehensive Guidelines” for prompts)

- A. School Organization and Culture***
- B. Student Focus and Support***
- C. Professional Learning Communities***
- D. Active Teaching and Learning***
- E. Challenging Curriculum Standards***
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- H. Indicators of Success***
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