**2019-20 Charter School DCIP Equivalency Form**

The purpose of this form is to officially notify the charter school named below of the school’s 2019-20 accountability designation. More information on the methodology used to make accountability designations under ESSA can be found at <http://www.nysed.gov/accountability/essa-accountability-designations>. Pursuant to Commissioner’s Regulations §100.21, charter schools identified as Comprehensive Support and Improvement (CSI) or Targeted Support and Improvement (TSI) are held to the terms of their charter agreement and authorizer performance framework. Therefore, it is the decision of each individual authorizer to determine the manner in which charter schools identified as CSI or TSI will be monitored and evaluated as well as ramifications for receiving such a designation. The purpose of this document is to ensure that charter schools identified as in need of CSI or TSI are aware of this designation and acknowledge such status in compliance with federal requirements.

|  |  |  |  |
| --- | --- | --- | --- |
| **Formal School Name** |  | | |
| **Primary Contact** |  | | |
| **Title/Position** |  | **Phone** | **(\_\_\_) \_\_\_-\_\_\_\_** |
| **Email** |  | | |

**Acknowledgement of this form by the school leader and board of trustee president is mandatory pursuant to federal requirements regardless of authorizer. This form will be forwarded to the school’s authorizer to allow them to take any next steps as they determine PURSUANT TO THE SCHOOL’s CHARTER OR AUTHORIZER POLICIES.**

Return this form electronically to [charterschools@nysed.gov](mailto:charterschools@nysed.gov) by June 29, 2020.

***For the 2019-20 school year, the above-named school has been identified as a:***

**Comprehensive Support and Improvement School**

**Targeted Support and Improvement School**

***and, therefore, the school’s authorizer will determine the manner in which additional monitoring, oversight, and evaluation may occur.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Print Name** | **Signature** | **Date** |
| **School Leader** |  |  | **\_\_\_/\_\_\_/\_\_\_** |
| **President, B.O.T** |  |  | **\_\_\_/\_\_\_/\_\_\_** |

For additional information regarding the Office of Accountability’s determination of the above status please visit the Department’s [ESSA website](http://www.nysed.gov/essa).