

K-12: Pupil Accounting Required Documentation Desk Audit Checklist

District: _____ Building: _____ School Year: _____

Please send copies of all documentation to MARESA (ATTN: Nick Vajda) by March 27th, 2025.

Pupil Membership Count Day: **February 12th, 2025**

<input type="checkbox"/> CERTIFIED Student Alpha List from MSDS/CEPI (<i>Signed and dated on last page</i>)	C-AL
<input type="checkbox"/> Copy of SIS Alpha List (<i>Printed alpha from PowerSchool/Skyward/MISD if you have no SIS</i>)	SIS-AL
<input type="checkbox"/> 2-B: Local District Planning Form	2-B
<input type="checkbox"/> Copy of Attendance Policy (<i>For all grade levels</i>)	ATT
<input type="checkbox"/> Board Approved Calendar, Classes List, Graduation Requirements	BA
<input type="checkbox"/> Unaudited Certified FTE Summary Report from MSDS/CEPI (<i>DS-4061</i>)	DS
<input type="checkbox"/> Special Education Agreement _____ School of Choice 105/105c _____ Cooperative Agreement	AG
<input type="checkbox"/> FTE Comparison Report with explanation (<i>Printed in MSDS <u>after</u> Certification</i>)	FTE
<input type="checkbox"/> Non-Resident List (<i>Macomb MISD Program</i>)	NRL
<input type="checkbox"/> 3-E: Scheduled Days of Instruction	3-E1
<input type="checkbox"/> 3-E: Scheduled Daily Clock Hours of Instruction Forms	3-E2
<input type="checkbox"/> Teacher's Master Schedule from SIS (<i>Master Schedule in PowerSchool & Skyward</i>)	MS
<input type="checkbox"/> 75% Required Attendance Form- <i>First day of school-11/1/2024</i> (<i>PowerSchool or Skyward 75% Report</i>)	75%
<input type="checkbox"/> 1-F: Count Day Absence Forms (<i>PowerSchool MI 10/30 Day Report by Period</i>)	1-F
<input type="checkbox"/> 5-K: ECSE Absence Forms	5-K
<input type="checkbox"/> 1-G: Add and Drop Form – <i>9/16/2024 – 11/13/2024</i> - (<i>Available on PowerSchool & Skyward</i>)	1-G
<input type="checkbox"/> 5-A: Alternative Education Programs Pupil List	5-A1
<input type="checkbox"/> 5-A: Alternative Education Grand Totals and Certification	5-A2
<input type="checkbox"/> 5-B: Cooperative Education Programs List of Pupils	5-B1
<input type="checkbox"/> 5-B: Cooperative Education Program Calendar	5-B2
<input type="checkbox"/> 5-C: Home-Based Education Pupil List	5-C
<input type="checkbox"/> 5-D: Homebound-Hospitalized Pupil List	5-D
<input type="checkbox"/> 5-E: Non-Public Shared-Time and Home Schooled At Public School Pupil List and Schedules	5-E
<input type="checkbox"/> 5-F: Part-Time Pupil List and Schedules	5-F
<input type="checkbox"/> 5-G-A: Postsecondary (Dual) Enrollment Pupil List	5-G-A
<input type="checkbox"/> 5-G-B: Early-Middle College Pupil List	5-G-B1
<input type="checkbox"/> 5-G-B: Early-Middle College Documentation > 1.00 FTE	5-G-B2
<input type="checkbox"/> 5-G-C: Postsecondary Gifted and Talented Pupil List	5-G-C
<input type="checkbox"/> 5-H: Reduced Schedule Pupil List and Schedules	5-H1
<input type="checkbox"/> 5-H: SE Pupils Less Than Full Day Schedule Per IEP	5-H2
<input type="checkbox"/> 5-I: School of Choice Certification (<i>First Semester/Trimester</i>)	5-I
<input type="checkbox"/> 5-L: Special Education Transition Services Pupil List	5-L
<input type="checkbox"/> 5-M: Split Schedule Pupil List and Schedules	5-M
<input type="checkbox"/> 5-N: Suspended and Expelled Pupil List	5-N
<input type="checkbox"/> 5-O-A: Distance Learning and Independent Study Pupil List	5-O-A
<input type="checkbox"/> 5-O-B: Offline Seat Time Waiver Pupil List	5-O-B
<input type="checkbox"/> 5-O-D: Virtual Learning Pupil List	5-O-D
<input type="checkbox"/> 5-P: Work-Based Education General Ed Pupil List	5-P1
<input type="checkbox"/> 5-P: Work Based Learning for Special Education Pupil List	5-P2
<input type="checkbox"/> 5-Q-A: Section 23a Dropout Recovery Program Pupil List	5-Q-A
<input type="checkbox"/> 6-A: Experiential Learning Courses Pupil List	6-A
<input type="checkbox"/> 6-B: Peer-to-Peer Pupil List	6-B
<input type="checkbox"/> 4-A: Worksheet A (<i>Easy IEP or PowerSchool Signed and Dated by Instructor</i>)	4-A1
<input type="checkbox"/> 4-A: Worksheet B (<i>Easy IEP or PowerSchool Signed and Dated by Instructor</i>)	4-A2

Authorized Representatives Signature: _____

Title: _____ Date: _____

Please return this form with your required paperwork. If an item does not pertain to your building you can note "NA" next to that item. Each line item should contain either a "check mark", "DL" or "NA". (DL = District Level)