

Remote Monitoring and Oversight Plan 2021

New York State Education Department

Charter School Office

89 Washington Avenue

Albany, New York 12234



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Changes in Instructional Modalities

19.

Community Authorizing

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AddYbX]l C: NMS\$ED CSO RYa chY S]hY V]g]hC`Uggfcca
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School name:		Date:	CSO team observer name:		
Class title/subject area:		Grade:	Was a school rep observing with you?	School rep name:	School rep title:
Type of class: <input type="checkbox"/> Gen ED <input type="checkbox"/> ICT <input type="checkbox"/> SETTS/Resource Room <input type="checkbox"/> Stand-alone ENL <input type="checkbox"/> Pull-out/break-out room <input type="checkbox"/> Dual language <input type="checkbox"/> Other					
# of adults in the classroom:	Role(s): <input type="checkbox"/> Teacher <input type="checkbox"/> Lead teacher <input type="checkbox"/> Co-teacher(s) <input type="checkbox"/> Teaching Asst. <input type="checkbox"/> SPED teacher <input type="checkbox"/> ENL Teacher <input type="checkbox"/> Other (Social Emotional Staff):				
Total number of students:	Duration of observation (minutes):	Technical difficulties experienced or observed?			
Do the minutes/hours of instruction provided in this class align to the class information provided in the charter? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How many minutes/hours of daily instruction are provided in this class? _____					

AddYbX]

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