



**Turnaround Option Plan – Step 2 (TOP-2)** Reassignment/Closure (RC)

[District] [School Name]

Due: October 1 for Cycle 1 or January 31 for Cycle 2-4

Form Number TOP-2, RC, incorporated in Rule 6A-1.099811, F.A.C., effective December 2024

## Turnaround Option Plan – Step 2 (TOP-2) Reassignment and Closure

#### Purpose

The purpose of this document is to guide districts to develop a plan for implementation of the turnaround option Reassignment and Closure (RC). The district shall provide the Department with this plan for approval by the State Board of Education (SBE).

#### Directions

Districts shall complete this Step 2 form for each school for which the district is selecting RC. This plan must be submitted by the district to the Regional Executive Director (RED) for review and feedback before submitting to the Bureau of School Improvement (BSI). The local school board must approve the plan. This completed form must be signed by the superintendent or authorized representative and emailed to the RED and <u>BSI@fldoe.org</u> no later than October 1 if this is Cycle 1 or January 31 if Cycle 2-4. The subject line of the email must include the district name, school name and TOP-2 (RC).

#### School

In the box below, identify the name and MSID number of the school that will be supported through RC.

School Name/ MSID Number

### **RC** Assurances

The district must agree to ALL of the following assurances by checking the boxes below.

**Assurance 1: Close and Reassign Students** 

□ The district shall close the school and reassign students to higher-performing schools with a "C" or higher in the district. *A new school does not qualify since it does not have a record of performance.* 

□ The district shall ensure that students from the closed school are not assigned to instructional personnel with VAM ratings or district evaluations that are below effective.

## Description of how the district will address Assurance 1: Close and Reassign Students



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# **Assurance 2: Monitoring Reassigned Students**

☐ The district shall monitor the reassigned students and report their progress to the Department for three years on a quarterly basis with the first year students from the closed school are reassigned. Reports shall include student attendance, grades and progress monitoring data aligned to Florida's State Academic Standards, the type of intervention and instruction provided to students to address deficiencies, as well as all instructional personnel assigned to students and their VAM rating. The district shall provide quarterly reports to the RED.

# Description of how the district will address Assurance 2: Monitoring Reassigned Students

## Assurance 3: Reassignment of Instructional Personnel and Administrators

□ The district shall ensure, for the upcoming school year, instructional personnel from the closed school with VAM ratings that are below effective are not reassigned to other School Improvement (SI) schools within the district.

 $\Box$  The district shall ensure that administrators from a school closed through selection of this turnaround option are not reassigned to other SI schools within the district for the upcoming school year.

☐ The district shall ensure that, for the upcoming school year, instructional personnel from the closed school who are rated below effective are not assigned to:

- 1. A high school or middle school student who was taught by a classroom teacher with a VAM rating that is below effective for the previous school year in the same subject area.
- 2. An elementary student who was taught by a classroom teacher with a VAM rating that is below effective for the previous school year.

Description of how the district will address Assurance 3: Reassignment of Instructional Personnel and Administrators.



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## Acknowledgment

Check the box that applies to the district selection of RC.

□ For Cycle 1, the district acknowledges that the plan is due to the Department by October 1.

□ For Cycle 2-4, the district acknowledges that the plan is due to the Department by January 31.

Name and title of person responsible for completing and submitting the TOP-2

**Contact information: email, phone number** 

Date submitted to the RED and the Bureau of School Improvement

Superintendent Signature (or authorized representative)

Local School Board Chair Signature (or authorized representative)

Date local school board approved

