



TOP-2

**Turnaround Option Plan—Step 2(TOP-2)**

Closure (RC)

 **[District]**

**[School Name]**

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

**Purpose**

The purpose of this document is to guide districts to develop a plan for implementation of the turnaround option 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 completed form must be signed by the superintendent or authorized representative and emailed to BSI@fldoe.org 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 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.

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| **School Name/ MSID Number** |
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**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 are not assigned to instructional personnel rated as Unsatisfactory or Needs Improvement based on both the three-year aggregated state Value-added Model (VAM) rating, if applicable, and the district evaluation system.

**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. Reports shall include attendance, grades and progress monitoring data aligned to Florida’s Standards, the type of intervention and instruction provided to students to address deficiencies (if applicable), as well as the record of all instructional personnel assigned to the students (three-year aggregated state VAM rating, if applicable, and district evaluation rating). The district shall provide quarterly reports to the RED.

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

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**Assurance 3: Reassignment of Instructional Personnel and Administrators**

[ ] The district shall ensure that instructional personnel rated as Unsatisfactory or Needs Improvement based on the three-year aggregated state VAM rating are not reassigned to other School Improvement (SI) schools within the district.

[ ] 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.

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

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**Acknowledgement**

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.

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| **Name and title of person responsible for completing and submission of the TOP-2**  |
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| **Contact information: email, phone number**  |
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| **Date submitted to the Bureau of School Improvement**  |
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| **Superintendent Signature (or authorized representative)** |
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