Form A: Annual Competent Private Instruction Report

OFFICIAL IOWA DEPARTMENT OF EDUCATION FORM: REQUIRED FOR PARENT, GUARDIAN, OR CUSTODIAN OF COMPETENT PRIVATE INSTRUCTION STUDENT UNDER OPTION 1, OPTION 2 WITH DUAL ENROLLMENT, OR OPTION 2 WITH OPTIONAL REPORTING

DUE ANNUALLY BY SEPTEMBER 1 (OR WITHIN 14 DAYS OF WITHDRAWING FROM SCHOOL)

Instructions

Parents, guardians, and custodians ("families"), please read the following instructions carefully before completing the form to ensure it is completed correctly. It is important to note that Form A must be completed annually for each student wishing to dual enroll or enroll in a homeschool assistance program (HSAP).

School districts, please see the instructions on page 5.

Parents, Guardians, or Custodians

A parent, guardian, or custodian ("family") must complete and submit Form A if their student:

- Is of compulsory attendance age
- Does not attend an lowa public school or accredited nonpublic school; and
- Wishes to enroll or be enrolled in Competent Private Instruction (CPI) under:
 - o Option 1 (CPI provided or supervised by a licensed practitioner, which includes HSAPs),
 - o Option 2 with dual enrollment (CPI provided by a parent, guardian, or custodian), or
 - o Option 2 with optional reporting (Iowa Code 299.4; 281—IAC 31.2(1)).

Form Submission Requirements

A family enrolling a student in:

- CPI under Option 1 <u>must</u>: submit two copies of Form A to the resident school district by September 1, notify the district of the intended dual enrollment by September 1 (if applicable), and inform the district of the student's planned HSAP enrollment by September 15 (if applicable).
- CPI under Option 2 may submit two copies of Form A to the resident school district by September 1
 (or within 14 days of withdrawing the student to engage in homeschool instruction).
- CPI under Option 2 with dual enrollment must submit two copies of Form A to the resident school
 district and notify the district of the intended dual enrollment by September 1 (or within 14 days of
 withdrawing the student to engage in homeschooling).
- CPI under Option 2 without dual enrollment and without optional reporting does not complete Form A, as it is not applicable.
- Independent Private Instruction (IPI) does not complete Form A, as it is not applicable.

Please also note the following regarding submission:

- Please do not send a copy of Form A to the lowa Department of Education. All forms must be submitted
 to the resident district.
- A new form is required if your resident district changes: If you change your resident district during the school year, you must also complete this form for your new resident district.
- September 1 deadline exception: If your family decides after the September 1 deadline that it wishes to provide CPI, you must file Form A no later than 14 calendar days (for a minimally completed form) and 30 calendar days (for a fully completed form) after the student has been moved or removed from an lowa accredited school (281—IAC 31.2(2)). If your family wishes to dual enroll a student, let your resident district know as soon as possible. The September 1 deadline is imposed for funding purposes and waiting to sign up for dual enrollment close to the deadline may mean your desired class is full.
- September 15 deadline exception: If your family moved or removed the student from school after the September 15 deadline, you will have 14 calendar days to request enrollment in the resident district's HSAP (if offered). If the HSAP is at capacity, it may decline requests made after the deadline.

Annual Family Educational Rights and Privacy Act (FERPA) Notification

Please review the FERPA notification letter from the district regarding your rights related to educational records (including Form A) and return to the school district.

Form Content

Form A is designed to allow a parent, guardian, or custodian to provide all required CPI reporting information (items 1-7), including indicating if their student wishes to participate in optional district services (optional items 8-11).

| Item | Description | Notes and Requirements |
|---|---|---|
| 1. Current School Year Information (Required) | Provide the current school year. | It is important to note that the form is only valid for the current school year and for one student. |
| 2. Student Information (Required) | Provide your student's full legal name, date of birth, and grade level for the current year (optional). | It is important to note that the form is only valid for the current school year and for one student. |
| 3. Filer Information (Required) | Provide your full legal name, address, and phone number (optional). | It is important to note that the form is only valid for the current school year and for one student. |
| 4. Immunization Evidence or Notarized Exemption Waiver (Required) | Indicate whether you have filed a Form A before (Yes/No). If no, you must attach evidence of student immunization or, instead of such evidence, a doctor's statement or an affidavit of exemption. | First-time filers (which includes those filing for students being dually enrolled or enrolled in an HSAP) must attach immunization information or, instead of such evidence, a doctor's statement or an affidavit of religious exemption that is consistent with Iowa Code section 139A.8. Such a document is available here or by calling the Iowa Department of Public Health's Immunization Bureau at 1-800-831-6293. |
| 5. Instructional Program Information (Required) | Use the table to outline your student's course of study and attach a lesson plan for each subject area. | Lesson plans may be accepted for the entire year or shorter periods, and lessons should show evidence of planning. Please note that further instructional plan detail must be provided within 30 days of filing Form A. |
| 6. Number of CPI Instructional Days (Required) | Indicate the number of CPI instructional days for the academic year, which must be at least 148 school days unless the exception applies (see the row's notes). | The number provided must be at least 148 school days per school year (lowa Code 299A.1(2)"a") unless your student was enrolled in a public or accredited nonpublic school during the current academic year, then transitioned to homeschooling. In this case, the number provided should be the number of days remaining of the 148 school days after subtracting the number of days the student was in attendance in the school. |

| Item | Description | Notes and Requirements |
|--|--|--|
| 7. Iowa Licensed Instructor or CPI Supervisor Information (Required) | Indicate whether you wish to enroll your student under Option 1 (CPI provided or supervised by a licensed practitioner) (Yes/No). If yes, you must provide the appropriately lowalicensed teacher's name, address, folder number, teacher's signature (optional), and teacher phone number (optional) | If a person other than the student's parent, guardian, or custodian is providing or supervising the student's instruction, this individual must hold a valid lowa teaching license appropriate to the age and grade of the child. The school district will check the licensure of this person by visiting the Iowa Board of Educational Examiners website or by calling 1-515-281-3245. |
| 8. Participation in Special Education Services and/or Dual Enrollment (Not required but is helpful in the enrollment process for all CPI families) | Indicate whether your student wishes to participate in special education programs or services and/or academic and/or extracurricular activities in your local district (Yes/No). | Dual enrollment is: ■ Required for your student to access: □ Special education programs or services, □ Academic courses in your local district, and □ Extracurricular activities in your local district. ■ Not required for your student to access: □ District-provided driver's education (lowa Code 321.178), □ The annual standardized assessment at no cost to you (lowa Code 299A.4), and □ An HSAP (281—IAC 31.5(5)). |
| 9. Special Education Service and Programs (Optional if you answered "Yes" to 8) | Indicate whether: Your student is currently identified as requiring special education (Yes/No). You consent to your student's initial evaluation or reevaluation to receive special education services or programs (Yes/No). | Your student must be dual enrolled to access special education programs and services (see 10). Responding "Yes" to these questions does not automatically qualify your student for services, nor does it replace any forms used to determine eligibility for special education. This is your acknowledgment that you wish to continue your student's special education services and understand that you must work within IDEA guidelines. A CPI student of compulsory attendance age identified as requiring special education under chapter 256B is eligible for placement with prior approval of the resident area education agency (AEA's) special education director. However, it is not required if you do not consent to the student's initial evaluation or reevaluation to receive special education services or programs. |

| Item | Description | Notes and Requirements | |
|---|--|--|--|
| 10. Dual Enrollment (Optional if you answered "Yes" to 8) | Indicate whether you desire dual enrollment for your student (Yes/No). If yes, indicate which type(s) of dual enrollment you desire. If you indicate you want your student dually enrolled in a course or activity, the course or activity must be listed. | The question must be completed if your student wishes to dual enroll in an academic course or extracurricular activity, receive available texts or supplemental instructional materials, or dual enroll to access special education programs or services. Students who are dually enrolled may participate in coursework or activities on the same basis as regularly enrolled students. Those dually enrolled for extracurricular activities must meet the related eligibility requirements and those established by the local school district. | |
| | | The deadline for dual enrollment is September 1 if the family begins CPI at the start of the school year, 14 calendar days after moving, or 14 calendar days after withdrawing from school. The district may deny dual enrollment if the request is after the deadline. | |
| 11. Home School Assistance Program (Optional) | Indicate whether you desire to enroll in a home school assistance program if offered (Yes/No). | If offered, the student is not required to be dually enrolled to participate in a HSAP. Likewise, a dual enrolled student is not required to participate in the HSAP if offered. | |
| | | School districts are not required to offer a HSAP. If your local school district has a program, an lowa-licensed teacher hired by the school district will supervise your student's instruction. | |
| Parent, Guardian, or Custodian Signature (Required) | Sign and date the form. | | |

School Districts

A school district must:

- Determine what "directory information" is and who the local contact is.
- When Form A is requested, provide parents, guardians and custodians with the FERPA notification letter that includes a copy of the district's policy regarding student directory information.
- Check that both copies of Form A are complete, including checking the licensure of the CPI Option 1 instruction by visiting the <u>lowa Board of Educational Examiners website</u> or by calling 1-515-281-3245.
- Once confirmed complete, keep one copy of Form A on file and forward the other copy to the AEA's secretary.

Form A: Annual Competent Private Instruction Report

Official Iowa Department of Education Form: Required for Parent, Guardian, or Custodian of Competent Private Instruction (CPI) Student Under Option 1, Option 2 with Dual Enrollment, or Option 2 with Optional Reporting

Due Annually by September 1 (or within 14 days of withdrawing from school)

Please review all instructions before completing.

This form is only valid for one student and for the current school year.

Do not send a copy of Form A to the Iowa Department of Education.

| Form A All questions indicated with a red asterisk (*) are required. | Date when returned |
|---|------------------------------|
| Current School Year Information Current School Year* | |
| 2. Student Information Student Full Name* | |
| Student Date of Birth (mm/dd/yyyy)* Grade Le | evel for 2025-26 School Year |
| 3. Filer Information Filer Full Name* | Phone (000-000-0000) |

4. Immunization Evidence or Notarized Exemption Waiver

Is this your first time filing this form?* • Yes (must attach immunization or notarized exemption) • No

Proof of vaccination is required for the first year for all students receiving CPI without the Private Instruction Exemption, including those dually enrolled in their resident district or enrolled in a homeschool assistance program (HSAP).

5. Instructional Program Information

Filer Address (Street, City, State, Zip Code)* _____

Use the table on the following page to outline the course of study (attaching additional subjects and related textbook information, as necessary) and attach each subject's lesson plan on a separate page.*

Please note that further instructional plan detail must be provided within 30 days of filing Form A.

All questions indicated with a red asterisk (*) are required.

| Title of Text | Text, Publisher or Author | Time Spent on Subject |
|---------------|---------------------------|--|
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| | | |
| | Title of Text | Title of Text Text, Publisher or Author |

6. Number of CPI Instructional Days

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|--|-----------------------|--------------------------------------|--|
| What number of CF | 'i instructional davs | will be brovided?" | |

This number must be at least 148 days per academic year or 148 days less days attended in the local district

7. Licensed Instructor or CPI Supervisor Information

| includes participating in a HSAP)?* • Yes (must provide the teacher information below) • No (<i>skip to 8</i>) | | | | |
|--|----------------------|--|--|--|
| Teacher Full Name* | Folder Number* | | | |
| Teacher Address (Street, City, State, Zip Code)* | | | | |
| Teacher Signature | Phone (000-000-0000) | | | |

8. Participation in Special Education Services and/or Dual Enrollment

Do you wish for your student to participate in special education programs or services and/or dual enroll at your resident district for an academic course or extracurricular activity? □ **Yes** (*proceed to 9*) □ **No** (*sign and return*)

Please note the following regarding student access to driver's education, the annual assessment, special education programming and services, academic activities, extracurricular activities, and a HSAP:

- DRIVER'S EDUCATION, ANNUAL ASSESSMENT, AND HSAP PARTICIPATION: If is not necessary to dual enroll your student to access district-provided driver's education, to have your student's annual standardized assessment provided at no cost to you, or to participate in a HSAP if offered by the district (lowa Code 321.178 & 299A.4; 281—IAC 31.5(5)).
- SPECIAL EDUCATION PROGRAMS AND SERVICES, ACADEMIC COURSES AND EXTRACURRICULAR ACTIVITIES: If you want your student to continue to access special education programs or services and/or participate in any academic or extracurricular activities in your local school district, complete 9 and 10.

9. Special Education Services and Programs

- 9.1 Is the student currently identified as requiring special education under the special education rules?
 - □ **Yes** (proceed to 9.2) □ **No** (proceed to 9.2)

| All qu | uestions indicated with a red asterisk (*) are required. |
|--------|---|
| 9.2 | Do you consent to an initial evaluation or reevaluation of your student so they may receive special education |
| | services or programs? • Yes (proceed to 10) • No (proceed to 10) |

10. Dual Enrollment

Do you wish to dual enroll your student in the public district? • Yes (proceed to 10.1) • No (sign and return)

- 10.1 Do you wish to dual enroll your student for an academic course and/or extracurricular activity?
 - □ **Yes** (must complete table below for each course and/or activity) □ **No** (skip to 10.2)

| 1st Semester | 2nd Semester |
|--------------|--------------|
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| 10.2 | Do you wish to dual enroll your student for special education programming and services | ? |
|------|--|---|
| | Yes (proceed to 11) □ No (proceed to 11) | |

11. Home School Assistance Program

| Parent, Guardian, or Custodian Signature* | | |
|---|----------|--|
| Parent, Guardian, or Custodian Signature | Date | |