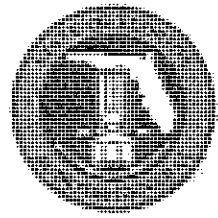


DAVID W. MARTIN, CPA
AUDITOR GENERAL

AUDITOR GENERAL STATE OF FLORIDA

G74 Claude Pepper Building
111 West Madison Street
Tallahassee, Florida 32399-1450



PHONE: 850-412-2722
FAX: 850-488-6975

February 20, 2015

MaryEllen Elia, Superintendent
Hillsborough County District School Board
901 E. Kennedy Blvd.
Tampa, FL 33602

Dear Superintendent:

Enclosed is a list of preliminary and tentative audit findings and recommendations which may be included in a report to be prepared on our audit of the:

Hillsborough County District School Board
For the Fiscal Year Ended June 30, 2014

Pursuant to Section 11.45(4)(d), Florida Statutes, you are required to submit to me within thirty (30) days after receipt of this list a written statement of explanation concerning all of the findings, including therein your actual or proposed corrective actions. If within the 30-day period you have questions or desire further discussion on any of the proposed findings and recommendations, please contact this Office.

Your written statement of explanation should be submitted electronically in source format (e.g., Word or WordPerfect) and include your digitized signature. For quality reproduction purposes, if you are not submitting your response in source format, please convert your response to PDF and not scan to PDF. If technical issues make an electronic response not possible, then a hard copy (paper) response will continue to be acceptable.

Please e-mail this Office at flaudgen_audrpt@aud.state.fl.us to indicate receipt of the preliminary and tentative audit findings. Absent such receipt, delivery of the enclosed list of findings is presumed, by law, to be made when it is delivered to your office.

Sincerely,

David W. Martin

DWM/kdk

Enclosures

cc: School Board Members

School Board

Susan L. Valdes, Chair
Doretha W. Edgecomb, Vice Chair
April Griffin
Sally A. Harris
Carol W. Kurdell
Melissa Snively
Cindy Stuart



Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

Superintendent of Schools

MaryEllen Elia

Acting Superintendent

Jeff Eakins

Chief Business Officer

Gretchen Saunders

March 19, 2015

Mr. David W. Martin, CPA Auditor General
Room G74, Claude Pepper Building
111 West Madison Street
Tallahassee, FL 32399-1450

RE: Response to the preliminary and tentative audit findings and recommendations report on the Operational Program Audit, as reported by the Hillsborough County District School Board for the fiscal year ended June 30, 2014

Dear Mr. Martin:

We are in receipt of the above referenced report.

After thoroughly reviewing the preliminary and tentative audit findings and recommendations, please find attached our explanations for the following:

Finding No. 1: The district provided cash resources to its direct-support organization without specific legal authority.

Finding No. 2: The district had not competitively selected insurance providers, contrary to Section 112.08(2)(a), Florida Statutes.

Finding No. 3: Procurement procedures could be enhanced to provide for routine review of required statements of financial interests for consideration in making procurement decisions.

Finding No. 4: The district did not advertise or keep minutes for insurance committee meetings, contrary to the Sunshine Law, and Board meetings were not always timely approved.

Finding No. 5: Controls over virtual instruction program (VIP) operations and related activities could be enhanced by developing and maintaining comprehensive, written MIP policies and procedures.

Finding No. 6: The district could enhance its procedures to ensure that the required number of VIP options is offered.

Finding No. 7: VIP provider contracts did not include all statutorily required and necessary provisions.

Mr. David W. Martin, CPA Auditor General
March 19, 2015
Page 2

Finding No. 8: The district could enhance its procedures to ensure that timely, written notifications are provided to parents about student opportunities to participate in the District's VIP and open enrollment period dates.

Finding No. 9: Certain unnecessary information technology (IT) access privileges existed.

Finding No. 10: District IT security controls related to user authentication and data loss prevention needed improvements.

Federal Awards Finding No. 2014-001: The district transferred funds totaling \$3.1 million from the workers' compensation internal service fund to the General Liability internal service fund, and no determination was made of the portion that should be credited to Federal programs.

As always, we appreciate the opportunity for review of our operational program procedures regarding our school district. We reserve the right to appeal the final audit report, as we deem appropriate.

We wish to thank Anna McCormick and Eric Davis of the Auditor General's staff for their professional and courteous manner in which they conducted the Operational Program audit.

If additional questions arise, please feel free to contact me or our staff as needed.

Sincerely,



Jeff Eakins
Acting Superintendent

/sr

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Hillsborough County District School Board

Preliminary and Tentative Audit Findings

Finding No. 1: The District provided cash resources to its direct-support organization without specific legal authority.

Response:

The Hillsborough Education Foundation is a direct-support organization that is organized and operated exclusively to receive, hold, invest, and administer property and to make expenditures to or for the benefit of public kindergarten through 12th grade education and adult career and community education programs in this state.

We will no longer direct-pay to the foundation for personnel services provided by foundation employees.

Hillsborough County District School Board

Preliminary and Tentative Audit Findings

Finding No. 2: The District had not competitively selected insurance providers, contrary to Section 112.08(2)(a), Florida Statutes.

Response:

Each year, the District's consultant for Employee Benefits, Aon Consulting, Inc. (Aon), determines what they expected the health renewal amount will be, based on their actuaries' analysis of annual medical trend and HCPS's medical claims from the prior year. Then the District, Aon, and the carrier enter into negotiations. If the negotiations are unable to produce a renewal amount at or lower than Aon's actuarial predictions, the health insurance would be bid. However, HCPS's negotiations have consistently produced per employee per year (PEPY) rates that were not only lower than the Aon actuaries' expectations, but also lower than those of other districts who bid their health insurance.

It should be noted that unlike many items that can be purchased from among dozens or even hundreds of suppliers, there are only three or four health insurance providers that have the resources to be able to bid on HCPS's health insurance program. That being said, competitive bidding for the district's health insurance program will be considered in the future in conjunction with renewal negotiations.

Hillsborough County District School Board

Preliminary and Tentative Audit Findings

Finding No. 3: Procurement procedures could be enhanced to provide for routine review of required statements of financial interests for consideration in making procurement decisions.

Response:

The Procurement department employs a number of activities to reduce the risk of conflicts of interest as discussed in this finding.

However, for consideration to these procedures the Procurement department may begin requesting and reviewing statements of financial interest.

FORM 1**STATEMENT OF
FINANCIAL INTERESTS****2013**Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE****** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ********DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☐ DECEMBER 31, 2013 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

FILING INSTRUCTIONS for
when and where to file this
form are located at the bottom
of page 2.**INSTRUCTIONS** on who must
file this form and how to fill it
out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

DATE SIGNED (required):

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment

or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

NOTICE

Annual Statements of Financial Interests are due July 1. If the annual form is not filed or postmarked by September 2, an automatic fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500.

[Sec. 112.3145, Florida Statutes - applicable to non-judicial officials]

In addition, failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal, or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000. [Sec. 112.317, Florida Statutes]

WHO MUST FILE FORM 1:

All persons who fall within the categories of "state officers," "local officers/employees," or "specified state employees," as well as candidates for elective local office, are required to file Form 1. Positions within these categories are listed below. Persons required to file full financial disclosure (Form 6) and officers of the judicial branch do not file Form 1 (see Form 6 for a list of persons who must file that form).

STATE OFFICERS include:

1) Elected public officials not serving in a political subdivision of the state and any person appointed to fill a vacancy in such office, unless required to file full disclosure on Form 6.

2) Appointed members of each board, commission, authority, or council having statewide jurisdiction, excluding members of solely advisory bodies, but including judicial nominating commission members; Directors of Enterprise Florida, Scripps Florida Funding Corporation, and Workforce Florida; and members of the Council on the Social Status of Black Men and Boys; and Governors and senior managers of Citizens Property Insurance Corporation and Florida Workers' Compensation Joint Underwriting Association, board members of the Northeast Fla. Regional Transportation Commission, and members of the board of Triumph Gulf Coast, Inc.

3) The Commissioner of Education, members of the State Board of Education, the Board of Governors, and the local Boards of Trustees and Presidents of state universities.

LOCAL OFFICERS/EMPLOYEES include:

1) Persons elected to office in any political subdivision (such as municipalities, counties, and special districts) and any person appointed to fill a vacancy in such office, unless required to file Form 6.

2) Appointed members of the following boards, councils, commissions, authorities, or other bodies of county, municipality, school district, independent special district, or other political subdivision: the governing body of the subdivision; community college or junior college district boards of trustees; boards having the power to enforce local code provisions; boards of adjustment; planning or zoning boards having the power to recommend, create, or modify land planning or zoning within a political subdivision, except for citizen advisory committees, technical coordinating committees, and similar groups who only have the power to make recommendations to planning or zoning boards; pension or retirement boards empowered to invest pension or retirement funds or determine entitlement to or amount of pensions or other retirement benefits.

3) Any appointed member of a local government board who is required to file a statement of financial interests by the appointing authority or the enabling legislation, ordinance, or resolution creating the board.

4) Persons holding any of these positions in local government: mayor; county or city manager; chief administrative employee or finance director of a county, municipality, or other political subdivision; county or municipal attorney; chief county or municipal building inspector; county

or municipal water resources coordinator; county or municipal pollution control director; county or municipal environmental control director; county or municipal administrator with power to grant or deny a land development permit; chief of police; fire chief; municipal clerk; appointed district school superintendent; community college president; district medical examiner; purchasing agent (regardless of title) having the authority to make any purchase exceeding \$20,000 for the local governmental unit.

5) Officers and employees of entities serving as chief administrative officer of a political subdivision.

6) Members of governing boards of charter schools operated by a city or other public entity.

SPECIFIED STATE EMPLOYEES include:

1) Employees in the office of the Governor or of a Cabinet member who are exempt from the Career Service System, excluding secretarial, clerical, and similar positions.

2) The following positions in each state department, commission, board, or council: Secretary, Assistant or Deputy Secretary, Executive Director, Assistant or Deputy Executive Director, and anyone having the power normally conferred upon such persons, regardless of title.

3) The following positions in each state department or division: Director, Assistant or Deputy Director, Bureau Chief, Assistant Bureau Chief, and any person having the power normally conferred upon such persons, regardless of title.

4) Assistant State Attorneys, Assistant Public Defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel, Public Counsel, full-time state employees serving as counsel or assistant counsel to a state agency, administrative law judges, and hearing officers.

5) The Superintendent or Director of a state mental health institute established for training and research in the mental health field, or any major state institution or facility established for corrections, training, treatment, or rehabilitation.

6) State agency Business Managers, Finance and Accounting Directors, Personnel Officers, Grant Coordinators, and purchasing agents (regardless of title) with power to make a purchase exceeding \$20,000.

7) The following positions in legislative branch agencies: each employee (other than those employed in maintenance, clerical, secretarial, or similar positions and legislative assistants exempted by the presiding officer of their house); and each employee of the Commission on Ethics.

INSTRUCTIONS FOR COMPLETING FORM 1:

INTRODUCTORY INFORMATION (At Top of Form):

If your name, mailing address, public agency, and position are already printed on the form, you do not need to provide this information unless it should be changed. To change any of this information, write the correct information on the form, and contact your agency's financial disclosure coordinator. Your coordinator is identified in the financial disclosure portal on the Commission on Ethics website: www.ethics.state.fl.us.

NAME OF AGENCY: This should be the name of the governmental unit which you serve or served, by which you are or were employed, or for which you are a candidate.

OFFICE OR POSITION HELD OR SOUGHT: Use the title of the office or position you hold, are seeking, or held during the disclosure period even if you have since left that position. If you are a candidate for office or are a new employee or appointee, check the appropriate box.

PUBLIC RECORD: The disclosure form and everything attached to it is a public record. Your Social Security Number is not required and you should redact it from any documents you file. If you are an active or former officer or employee listed in Section 119.071(4)(d), F.S., whose home address is exempt from disclosure, the Commission is required to maintain the confidentiality of your home address if you submit a written request for confidentiality. Persons listed in Section 119.071(4)(d), F.S., are encouraged to provide an address other than their home address.

DISCLOSURE PERIOD: The tax year for most individuals is the calendar year (January 1 through December 31). If that is the case for you, then your financial interests should be reported for the calendar year 2013; just check the box and you do not need to add any information in this part of the form. However, if you file your IRS tax return based on a tax year that is not the calendar year, you should specify the dates of your tax year in this portion of the form and check the appropriate box. This is the time frame or "disclosure period" for your report.

MANNER OF CALCULATING REPORTABLE INTEREST

As noted on the form, filers have the option of reporting based on either thresholds that are comparative (usually, based on percentage values) or thresholds that are based on absolute dollar values. The instructions on the following pages specifically describe the different thresholds. Check the box that reflects the choice you have made. You must use the type of threshold you have chosen for each part of the form. In other words, if you choose to report based on absolute dollar value thresholds, you cannot use a percentage threshold on any part of the form.

IF YOU HAVE CHOSEN DOLLAR VALUE THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY

PART A — PRIMARY SOURCES OF INCOME

[Required by Sec. 112.3145(3)(a)1 or (b)1, F.S.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose the amount of income received, and you need not list your public salary from serving in the position(s) which requires you to file this form, but this amount should be included when calculating your gross income for the disclosure period. The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should include all of that income when calculating your gross income and disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded \$2,500 of gross income received by you in your own name or by any other person for your use or benefit.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony, but not child support.

Examples:

— If you were employed by a company that manufactures computers and received more than \$2,500, then you should list the name of the company, its address, and its principal business activity (computer manufacturing).

— If you were a partner in a law firm and your distributive share of partnership gross income exceeded \$2,500, then you should list the name of the firm, its address, and its principal business activity (practice of law).

— If you were the sole proprietor of a retail gift business and your gross income from the business exceeded \$2,500, then you should list the name of the business, its address, and its principal business activity (retail gift sales).

— If you received income from investments in stocks and bonds, you are required to list only each individual company from which you derived more than \$2,500, rather than aggregating all of your investment income.

— If more than \$2,500 of your gross income was gain from the sale of property (not just the selling price), then you should list as a source of income the name of the purchaser, the purchaser's address, and the purchaser's principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed simply as "sale of (name of company) stock," for example.

— If more than \$2,500 of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

PART B — SECONDARY SOURCES OF INCOME

[Required by Sec. 112.3145(3)(a)2 or (b)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported as "Primary Sources of Income," if it meets the

reporting threshold. You will not have anything to report unless, during the disclosure period:

(1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) during the disclosure period more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); and

(2) You received more than \$5,000 of your gross income during the disclosure period from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

Examples:

— You are the sole proprietor of a dry cleaning business, from which you received more than \$5,000. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).

— You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the thresholds listed above. You should list each tenant of the mall that provided more than 10% of the partnership's gross income, the tenant's address and principal business activity.

PART C — REAL PROPERTY

[Required by Sec. 112.3145(3)(a)3 or (b)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the previous tax year in excess of 5% of the property's value. You are not required to list your residences and vacation homes.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you are more than a 5% partner in a partnership or stockholder in a corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more current appraisal.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

PART D — INTANGIBLE PERSONAL PROPERTY

[Required by Sec. 112.3145(3)(a)3 or (b)3, F.S.]

Provide a general description of any intangible personal property that, at any time during the disclosure period, was worth more than \$10,000 and state the business entity to which the property related. Intangible personal property includes such things as money, stocks, bonds, certificates of deposit, interests in partnerships, beneficial interests in a trust, promissory notes owed to you, accounts receivable by you, assets held in IRA's, Deferred Retirement Option accounts, Florida Prepaid College Plan accounts and bank accounts. Things like automobiles, houses, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, certificates of deposit and savings accounts with the same bank. Property owned as tenants by the entirety or as joint tenants with right of survivorship should be valued at 100%.

PART E — LIABILITIES

[Required by Sec. 112.3145(3)(a)4 or (b)4, F.S.]

In this part of the form, list the name and address of each creditor to whom you owed more than \$10,000, at any time during the disclosure period.

You are not required to list the amount of any indebtedness. You do not have to disclose any of the following: credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and have signed as being jointly liable or jointly and severally liable, then this is not a contingent liability; if the total amount of the debt exceeds \$10,000 it should be reported.

PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by Sec. 112.3145(5), F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage

companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies, utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

You are required to disclose in this part of the form the fact that you owned during the disclosure period an interest in, or held any of certain positions with, particular types of businesses listed above. You are required to make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, you must indicate that fact and describe the nature of your interest.

(End of Dollar Value Thresholds Instructions.)

IF YOU HAVE CHOSEN COMPARATIVE (PERCENTAGE) THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY

PART A — PRIMARY SOURCES OF INCOME

[Required by Sec. 112.3145(3)(a)1 or (b)1, F.S.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose the amount of income received, and you need not list your public salary received from serving in the position(s) which requires you to file this form, but this amount should be included when calculating your gross income for the disclosure period. The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should include all of that income when calculating your gross income and disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded 5% of the gross income received by you in your own name or by any other person for your benefit or use during the disclosure period.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony, but not child support.

Examples:

— If you were employed by a company that manufactures computers and received more than 5% of your gross income (salary, commissions, etc.) from the company, you should list the name of the company, its address, and its principal business activity (computer manufacturing).

— If you were a partner in a law firm and your distributive share of partnership gross income exceeded 5% of your gross income, then you should list the name of the firm, its address, and its principal business activity (practice of law).

— If you were the sole proprietor of a retail gift business and your gross income from the business exceeded 5% of your total gross income, then you should list the name of the business, its address, and its principal business activity (retail gift sales).

— If you received income from investments in stocks and bonds, you are required to list only each individual company from which you derived more than 5% of your gross income, rather than aggregating all of your investment income.

— If more than 5% of your gross income was gain from the sale

of property (not just the selling price), then you should list as a source of income the name of the purchaser, the purchaser's address, and the purchaser's principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.

— If more than 5% of your gross income (or, alternatively, \$2,500) was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

PART B — SECONDARY SOURCES OF INCOME

[Required by Sec. 112.3145(3)(a)2 or (b)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported as a "Primary Source of Income," if it meets the reporting threshold. You will not have anything to report unless during the disclosure period:

- (1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); **and**
- (2) You received more than 10% of your gross income from that business entity; **and**
- (3) You received more than \$1,500 in gross income from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

Examples:

— You are the sole proprietor of a dry cleaning business, from which you received more than 10% of your gross income—an amount that was more than \$1,500. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).

— You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the thresholds listed above. You should list each tenant of the mall that provided more than 10% of the partnership's gross income, the tenant's address and principal business activity.

PART C — REAL PROPERTY

[Required by Sec. 112.3145(3)(a)3 or (b)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the previous tax year in excess of 5% of the property's value. You are not required to list your residences and vacation homes.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you are more than a 5% partner in a partnership or stockholder in a corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more current appraisal.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

PART D — INTANGIBLE PERSONAL PROPERTY

[Required by Sec. 112.3145(3)(a)3 or (b)3, F.S.]

Provide a general description of any intangible personal property that, at any time during the disclosure period, was worth more than 10% of your total assets, and state the business entity to which the property related. Intangible personal property includes such things as money, stocks, bonds, certificates of deposit, interests in partnerships, beneficial interests in a trust, promissory notes owed to you, accounts receivable by you, assets held in IRA's, Deferred Retirement Option accounts, Florida Prepaid College Plan accounts and bank accounts. Things like automobiles, houses, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, CD's and savings accounts with the same bank. Property owned as tenants by the entirety or as joint tenants with right of survivorship should be valued at 100%.

Calculations: In order to decide whether the intangible property exceeds 10% of your total assets, you will need to total the value of all of your assets (including real property, intangible property, and tangible personal property such as automobiles, jewelry, furniture, etc.). When making this calculation, do not subtract any liabilities (debts) that may relate to the property—add only the fair market value of the property. Multiply the total figure by 10% to arrive at the disclosure threshold. List only the intangibles that exceed this threshold amount. Property that is only jointly owned property should be valued according to the percentage of your joint ownership. Property owned as tenants by the entirety or as joint tenants with right of survivorship should be valued at 100%. None of your calculations or the value of the property have to be disclosed on the form.

Example:

— You own 50% of the stock of a small corporation that is worth \$100,000, the estimated fair market value of your home and other property (bank accounts, automobile, furniture, etc.) is \$200,000. As your total assets are worth \$250,000, you must disclose intangibles worth over \$25,000. Since the value of the stock exceeds this threshold, you should list "stock" and the name of the corporation. If your accounts with a particular bank exceed \$25,000, you should list "bank accounts" and bank's name.

PART E — LIABILITIES

[Required by Sec. 112.3145(3)(a)4 or (b)4, F.S.]

In this part of the form, list the name and address of each creditor to whom you owed any amount that, at any time during the disclosure period, exceeded your net worth.

You are not required to list the amount of any indebtedness or your net worth. You do not have to disclose any of the following: credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and have signed as being jointly liable or jointly and severally liable, then this is not a contingent liability.

Calculations: In order to decide whether the debt exceeds your net worth, you will need to total all of your liabilities (including promissory notes, mortgages, credit card debts, judgments against you, etc.). Subtract this amount from the value of all your assets as calculated above for Part D. This is your "net worth." You must list on the form each creditor to whom your debt exceeded this amount unless it is one of the types of indebtedness listed in the paragraph above (credit card and retail installment accounts, etc.). Joint liabilities with others for which you are "jointly and severally liable," meaning that you may be liable for either your part or the whole of the obligation, should be included in your calculations at 100% of the amount owed.

Examples:

— You owe \$15,000 to a bank for student loans, \$5,000 for credit card debts, and \$60,000 (with spouse) to a savings and loan for a home mortgage. Your home (owned by you and your spouse) is worth \$80,000 and your other property is worth \$20,000. Since your net worth is \$20,000 (\$100,000 minus \$80,000), you must report only the name and address of the savings and loan.

PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by Sec. 112.3145(5), F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies, utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

You are required to disclose in this part of the form the fact that you owned during the disclosure period an interest in, or held any of certain positions with, particular types of businesses listed above. You are required to make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, you must indicate that fact and describe the nature of your interest.

(End of Percentage Thresholds Instructions.)

Title X – Public Officers, Employees, and Records

Chapter 112 – Public Officers and Employees: General Provisions

112.3145 Disclosure of financial interests and clients represented before agencies.—

(1) For purposes of this section, unless the context otherwise requires, the term:

(a) “Local officer” means:

1. Every person who is elected to office in any political subdivision of the state, and every person who is appointed to fill a vacancy for an unexpired term in such an elective office.

2. Any appointed member of any of the following boards, councils, commissions, authorities, or other bodies of any county, municipality, school district, independent special district, or other political subdivision of the state:

a. The governing body of the political subdivision, if appointed;

b. A community college or junior college district board of trustees;

c. A board having the power to enforce local code provisions;

d. A planning or zoning board, board of adjustment, board of appeals, community redevelopment agency board, or other board having the power to recommend, create, or modify land planning or zoning within the political subdivision, except for citizen advisory committees, technical coordinating committees, and such other groups who only have the power to make recommendations to planning or zoning boards;

e. A pension board or retirement board having the power to invest pension or retirement funds or the power to make a binding determination of one’s entitlement to or amount of a pension or other retirement benefit; or

f. Any other appointed member of a local government board who is required to file a statement of financial interests by the appointing authority or the enabling legislation, ordinance, or resolution creating the board.

3. Any person holding one or more of the following positions: mayor; county or city manager; chief administrative employee of a county, municipality, or other political subdivision; county or municipal attorney; finance director of a county, municipality, or other political subdivision; chief county or municipal building code inspector; county or municipal water resources coordinator; county or municipal pollution control director; county or municipal environmental control director; county or municipal administrator, with power to grant or deny a land development

permit; chief of police; fire chief; municipal clerk; district school superintendent; community college president; district medical examiner; or purchasing agent having the authority to make any purchase exceeding the threshold amount provided for in s. 287.017 for CATEGORY ONE, on behalf of any political subdivision of the state or any entity thereof.

(b) "Specified state employee" means:

1. Public counsel created by chapter 350, an assistant state attorney, an assistant public defender, a criminal conflict and civil regional counsel, an assistant criminal conflict and civil regional counsel, a full-time state employee who serves as counsel or assistant counsel to any state agency, the Deputy Chief Judge of Compensation Claims, a judge of compensation claims, an administrative law judge, or a hearing officer.
2. Any person employed in the office of the Governor or in the office of any member of the Cabinet if that person is exempt from the Career Service System, except persons employed in clerical, secretarial, or similar positions.
3. The State Surgeon General or each appointed secretary, assistant secretary, deputy secretary, executive director, assistant executive director, or deputy executive director of each state department, commission, board, or council; unless otherwise provided, the division director, assistant division director, deputy director, bureau chief, and assistant bureau chief of any state department or division; or any person having the power normally conferred upon such persons, by whatever title.
4. The superintendent or institute director of a state mental health institute established for training and research in the mental health field or the warden or director of any major state institution or facility established for corrections, training, treatment, or rehabilitation.
5. Business managers, purchasing agents having the power to make any purchase exceeding the threshold amount provided for in s. 287.017 for CATEGORY ONE, finance and accounting directors, personnel officers, or grants coordinators for any state agency.
6. Any person, other than a legislative assistant exempted by the presiding officer of the house by which the legislative assistant is employed, who is employed in the legislative branch of government, except persons employed in maintenance, clerical, secretarial, or similar positions.
7. Each employee of the Commission on Ethics.

(c) "State officer" means:

1. Any elected public officer, excluding those elected to the United States Senate and House of Representatives, not covered elsewhere in this part and any person who is appointed to fill a vacancy for an unexpired term in such an elective office.

2. An appointed member of each board, commission, authority, or council having statewide jurisdiction, excluding a member of an advisory body.

3. A member of the Board of Governors of the State University System or a state university board of trustees, the Chancellor and Vice Chancellors of the State University System, and the president of a state university.

4. A member of the judicial nominating commission for any district court of appeal or any judicial circuit.

(2)(a) A person seeking nomination or election to a state or local elective office shall file a statement of financial interests together with, and at the same time he or she files, qualifying papers. When a candidate has qualified for office prior to the deadline to file an annual statement of financial interests, the statement of financial interests that is filed with the candidate's qualifying papers shall be deemed to satisfy the annual disclosure requirement of this section. The qualifying officer must record that the statement of financial interests was timely filed. However, if a candidate does not qualify until after the annual statement of financial interests has been filed, the candidate may file a copy of his or her statement with the qualifying officer.

(b) Each state or local officer and each specified state employee shall file a statement of financial interests no later than July 1 of each year. Each state officer, local officer, and specified state employee shall file a final statement of financial interests within 60 days after leaving his or her public position for the period between January 1 of the year in which the person leaves and the last day of office or employment, unless within the 60-day period the person takes another public position requiring financial disclosure under this section or s. 8, Art. II of the State Constitution or otherwise is required to file full and public disclosure or a statement of financial interests for the final disclosure period. Each state or local officer who is appointed and each specified state employee who is employed shall file a statement of financial interests within 30 days from the date of appointment or, in the case of a specified state employee, from the date on which the employment begins, except that any person whose appointment is subject to confirmation by the Senate shall file prior to confirmation hearings or within 30 days from the date of appointment, whichever comes first.

(c) State officers and specified state employees shall file their statements of financial interests with the Commission on Ethics. Local officers shall file their statements of financial interests with the supervisor of elections of the county in which they permanently reside. Local officers who do not permanently reside in any county in the state shall file their statements of financial interests with the supervisor of elections of the county in which their agency maintains its headquarters. Persons seeking

to qualify as candidates for local public office shall file their statements of financial interests with the officer before whom they qualify.

(3) The statement of financial interests for state officers, specified state employees, local officers, and persons seeking to qualify as candidates for state or local office shall be filed even if the reporting person holds no financial interests requiring disclosure, in which case the statement shall be marked "not applicable." Otherwise, the statement of financial interests shall include, at the filer's option, either:

(a)1. All sources of income in excess of 5 percent of the gross income received during the disclosure period by the person in his or her own name or by any other person for his or her use or benefit, excluding public salary. However, this shall not be construed to require disclosure of a business partner's sources of income. The person reporting shall list such sources in descending order of value with the largest source first;

2. All sources of income to a business entity in excess of 10 percent of the gross income of a business entity in which the reporting person held a material interest and from which he or she received an amount which was in excess of 10 percent of his or her gross income during the disclosure period and which exceeds \$1,500. The period for computing the gross income of the business entity is the fiscal year of the business entity which ended on, or immediately prior to, the end of the disclosure period of the person reporting;

3. The location or description of real property in this state, except for residences and vacation homes, owned directly or indirectly by the person reporting, when such person owns in excess of 5 percent of the value of such real property, and a general description of any intangible personal property worth in excess of 10 percent of such person's total assets. For the purposes of this paragraph, indirect ownership does not include ownership by a spouse or minor child; and

4. Every individual liability that equals more than the reporting person's net worth; or

(b)1. All sources of gross income in excess of \$2,500 received during the disclosure period by the person in his or her own name or by any other person for his or her use or benefit, excluding public salary. However, this shall not be construed to require disclosure of a business partner's sources of income. The person reporting shall list such sources in descending order of value with the largest source first;

2. All sources of income to a business entity in excess of 10 percent of the gross income of a business entity in which the reporting person held a material interest and from which he or she received gross income exceeding \$5,000 during the disclosure period. The period for computing the gross income of the business entity is the fiscal year of the business entity which ended on, or immediately prior to, the end of the disclosure period of the person reporting;

3. The location or description of real property in this state, except for residence and vacation homes, owned directly or indirectly by the person reporting, when such person owns in excess of 5 percent of the value of such real property, and a general description of any intangible personal property worth in excess of \$10,000. For the purpose of this paragraph, indirect ownership does not include ownership by a spouse or minor child; and
4. Every liability in excess of \$10,000.

A person filing a statement of financial interests shall indicate on the statement whether he or she is using the method specified in paragraph (a) or paragraph (b).

(4) Beginning January 1, 2015, an officer who is required to complete annual ethics training pursuant to s. 112.3142 must certify on his or her statement of financial interests that he or she has completed the required training.

(5) Each elected constitutional officer, state officer, local officer, and specified state employee shall file a quarterly report of the names of clients represented for a fee or commission, except for appearances in ministerial matters, before agencies at his or her level of government. For the purposes of this part, agencies of government shall be classified as state-level agencies or agencies below state level. Each local officer shall file such report with the supervisor of elections of the county in which the officer is principally employed or is a resident. Each state officer, elected constitutional officer, and specified state employee shall file such report with the commission. The report shall be filed only when a reportable representation is made during the calendar quarter and shall be filed no later than the last day of each calendar quarter, for the previous calendar quarter. Representation before any agency shall be deemed to include representation by such officer or specified state employee or by any partner or associate of the professional firm of which he or she is a member and of which he or she has actual knowledge. For the purposes of this subsection, the term "representation before any agency" does not include appearances before any court or the Deputy Chief Judge of Compensation Claims or judges of compensation claims or representations on behalf of one's agency in one's official capacity. Such term does not include the preparation and filing of forms and applications merely for the purpose of obtaining or transferring a license based on a quota or a franchise of such agency or a license or operation permit to engage in a profession, business, or occupation, so long as the issuance or granting of such license, permit, or transfer does not require substantial discretion, a variance, a special consideration, or a certificate of public convenience and necessity.

(6) Each elected constitutional officer and each candidate for such office, any other public officer required pursuant to s. 8, Art. II of the State Constitution to file a full and public disclosure of his or her financial interests, and each state officer, local officer, specified state employee, and candidate for elective public office who is or was during the disclosure period an officer, director, partner, proprietor, or agent, other than a resident agent solely for service of process, of, or owns or owned during the disclosure period a material interest in, any business entity which is granted a privilege to operate in this state shall disclose such facts as a part of the disclosure form filed pursuant to s. 8, Art. II of the State Constitution or this section, as applicable. The statement shall give the name, address, and principal business activity of the business entity and shall state the position held with such business entity or the fact that a material interest is owned and the nature of that interest.

(7) Forms for compliance with the disclosure requirements of this section and a current list of persons subject to disclosure shall be created by the commission and provided to each supervisor of elections. The commission and each supervisor of elections shall give notice of disclosure deadlines and delinquencies and distribute forms in the following manner:

(a)1. Not later than May 1 of each year, the commission shall prepare a current list of the names and addresses of, and the offices or positions held by, every state officer, local officer, and specified employee. In compiling the list, the commission shall be assisted by each unit of government in providing, at the request of the commission, the name, address, and name of agency of, and the office or position held by, each state officer, local officer, or specified state employee within the respective unit of government.

2. Not later than May 15 of each year, the commission shall provide each supervisor of elections with a current mailing list of all local officers required to file with such supervisor of elections.

(b) Not later than 30 days before July 1 of each year, the commission and each supervisor of elections, as appropriate, shall mail a copy of the form prescribed for compliance with subsection (3) and a notice of all applicable disclosure forms and filing deadlines to each person required to file a statement of financial interests.

(c) Not later than 30 days after July 1 of each year, the commission and each supervisor of elections shall determine which persons required to file a statement of financial interests in their respective offices have failed to do so and shall send delinquency notices by certified mail, return receipt requested, to these persons. Each notice shall state that a grace period is in effect until September 1 of the current year; that no investigative or disciplinary action based upon the delinquency will be taken by the agency head or commission if the statement is filed by September 1 of

the current year; that, if the statement is not filed by September 1 of the current year, a fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500; for notices sent by a supervisor of elections, that he or she is required by law to notify the commission of the delinquency; and that, if upon the filing of a sworn complaint the commission finds that the person has failed to timely file the statement within 60 days after September 1 of the current year, such person will also be subject to the penalties provided in s. 112.317.

(d) No later than November 15 of each year, the supervisor of elections in each county shall certify to the commission a list of the names and addresses of, and the offices or positions held by, all persons who have failed to timely file the required statements of financial interests. The certification must include the earliest of the dates described in subparagraph (f)1. The certification shall be on a form prescribed by the commission and shall indicate whether the supervisor of elections has provided the disclosure forms and notice as required by this subsection to all persons named on the delinquency list.

(e) Statements must be filed not later than 5 p.m. of the due date. However, any statement that is postmarked by the United States Postal Service by midnight of the due date is deemed to have been filed in a timely manner, and a certificate of mailing obtained from and dated by the United States Postal Service at the time of the mailing, or a receipt from an established courier company which bears a date on or before the due date, constitutes proof of mailing in a timely manner.

(f) Any person who is required to file a statement of financial interests and whose name is on the commission's mailing list but who fails to timely file is assessed a fine of \$25 per day for each day late up to a maximum of \$1,500; however, this \$1,500 limitation on automatic fines does not limit the civil penalty that may be imposed if the statement is filed more than 60 days after the deadline and a complaint is filed, as provided in s. 112.324. The commission must provide by rule the grounds for waiving the fine and procedures by which each person whose name is on the mailing list and who is determined to have not filed in a timely manner will be notified of assessed fines and may appeal. The rule must provide for and make specific the following:

1. The amount of the fine due is based upon the earliest of the following:

- a. When a statement is actually received by the office.
- b. When the statement is postmarked.
- c. When the certificate of mailing is dated.
- d. When the receipt from an established courier company is dated.

2. For a specified state employee or a state officer, upon receipt of the disclosure statement by the commission or upon accrual of the maximum penalty, whichever occurs first, and for a local officer upon receipt by the

commission of the certification from the local officer's supervisor of elections pursuant to paragraph (d), the commission shall determine the amount of the fine which is due and shall notify the delinquent person. The notice must include an explanation of the appeal procedure under subparagraph 3. The fine must be paid within 30 days after the notice of payment due is transmitted, unless appeal is made to the commission pursuant to subparagraph 3. The moneys are to be deposited into the General Revenue Fund.

3. Any reporting person may appeal or dispute a fine, based upon unusual circumstances surrounding the failure to file on the designated due date, and may request and is entitled to a hearing before the commission, which may waive the fine in whole or in part for good cause shown. Any such request must be made within 30 days after the notice of payment due is transmitted. In such a case, the reporting person must, within the 30-day period, notify the person designated to review the timeliness of reports in writing of his or her intention to bring the matter before the commission.

(g) Any state officer, local officer, or specified employee whose name is not on the mailing list of persons required to file an annual statement of financial interests is not subject to the penalties provided in s. 112.317 or the fine provided in this section for failure to timely file a statement of financial interests in any year in which the omission occurred, but nevertheless is required to file the disclosure statement.

(h) The notification requirements and fines of this subsection do not apply to candidates or to the first or final filing required of any state officer, specified employee, or local officer as provided in paragraph (2)(b).

(i) Notwithstanding any provision of chapter 120, any fine imposed under this subsection which is not waived by final order of the commission and which remains unpaid more than 60 days after the notice of payment due or more than 60 days after the commission renders a final order on the appeal must be submitted to the Department of Financial Services as a claim, debt, or other obligation owed to the state, and the department shall assign the collection of such a fine to a collection agent as provided in s. 17.20.

(8)(a) The appointing official or body shall notify each newly appointed local officer, state officer, or specified state employee, not later than the date of appointment, of the officer's or employee's duty to comply with the disclosure requirements of this section. The agency head of each employing agency shall notify each newly employed local officer or specified state employee, not later than the day of employment, of the officer's or employee's duty to comply with the disclosure requirements of this section. The appointing official or body or employing agency head

may designate a person to be responsible for the notification requirements of this paragraph.

(b) The agency head of the agency of each local officer, state officer, or specified state employee who is required to file a statement of financial interests for the final disclosure period shall notify such persons of their obligation to file the final disclosure and may designate a person to be responsible for the notification requirements of this paragraph.

(c) If a person holding public office or public employment fails or refuses to file an annual statement of financial interests for any year in which the person received notice from the commission regarding the failure to file and has accrued the maximum automatic fine authorized under this section, regardless of whether the fine imposed was paid or collected, the commission shall initiate an investigation and conduct a public hearing without receipt of a complaint to determine whether the person's failure to file is willful. Such investigation and hearing must be conducted in accordance with s. 112.324. Except as provided in s. 112.324(4), if the commission determines that the person willfully failed to file a statement of financial interests, the commission shall enter an order recommending that the officer or employee be removed from his or her public office or public employment.

(9) A public officer who has filed a disclosure for any calendar or fiscal year shall not be required to file a second disclosure for the same year or any part thereof, notwithstanding any requirement of this act, except that any public officer who qualifies as a candidate for public office shall file a copy of the disclosure with the officer before whom he or she qualifies as a candidate at the time of qualification.

(10)(a) The commission shall treat an amended annual statement of financial interests which is filed before September 1 of the year in which the statement is due as the original filing, regardless of whether a complaint has been filed. If a complaint alleges only an immaterial, inconsequential, or de minimis error or omission, the commission may not take any action on the complaint other than notifying the filer of the complaint. The filer must be given 30 days to file an amended statement of financial interests correcting any errors. If the filer does not file an amended statement of financial interests within 30 days after the commission sends notice of the complaint, the commission may continue with proceedings pursuant to s. 112.324.

(b) For purposes of the final statement of financial interests, the commission shall treat a new final statement of financial interests as the original filing, if filed within 60 days of the original filing regardless of whether a complaint has been filed. If, more than 60 days after a final statement of financial interests is filed, a complaint is filed alleging a complete omission of any information required to be disclosed by this section, the commission may immediately follow the complaint

procedures in s. 112.324. However, if the complaint alleges an immaterial, inconsequential, or de minimis error or omission, the commission may not take any action on the complaint other than notifying the filer of the complaint. The filer must be given 30 days to file a new final statement of financial interests correcting any errors. If the filer does not file a new final statement of financial interests within 30 days after the commission sends notice of the complaint, the commission may continue with proceedings pursuant to s. 112.324.

(c) For purposes of this section, an error or omission is immaterial, inconsequential, or de minimis if the original filing provided sufficient information for the public to identify potential conflicts of interest. However, failure to certify completion of annual ethics training required under s. 112.3142 does not constitute an immaterial, inconsequential, or de minimis error or omission.

(11)(a) An individual required to file a disclosure pursuant to this section may have the disclosure prepared by an attorney in good standing with The Florida Bar or by a certified public accountant licensed under chapter 473. After preparing a disclosure form, the attorney or certified public accountant must sign the form indicating that he or she prepared the form in accordance with this section and the instructions for completing and filing the disclosure forms and that, upon his or her reasonable knowledge and belief, the disclosure is true and correct. If a complaint is filed alleging a failure to disclose information required by this section, the commission shall determine whether the information was disclosed to the attorney or certified public accountant. The failure of the attorney or certified public accountant to accurately transcribe information provided by the individual who is required to file the disclosure does not constitute a violation of this section.

(b) An elected officer or candidate who chooses to use an attorney or a certified public accountant to prepare his or her disclosure may pay for the services of the attorney or certified public accountant from funds in an office account created pursuant to s. 106.141 or, during a year that the individual qualifies for election to public office, the candidate's campaign depository pursuant to s. 106.021.

(12) The commission shall adopt rules and forms specifying how a state officer, local officer, or specified state employee may amend his or her statement of financial interests to report information that was not included on the form as originally filed. If the amendment is the subject of a complaint filed under this part, the commission and the proper disciplinary official or body shall consider as a mitigating factor when considering appropriate disciplinary action the fact that the amendment was filed before any complaint or other inquiry or proceeding, while recognizing that the public was deprived of access to information to which it was entitled.

History.—s. 5, ch. 74-177; ss. 2, 6, ch. 75-196; s. 2, ch. 76-18; s. 1, ch. 77-174; s. 63, ch. 77-175; s. 54, ch. 79-40; s. 3, ch. 82-98; s. 2, ch. 83-128; ss. 2, 5, ch. 83-282; s. 3, ch. 84-318; s. 1, ch. 88-316; s. 1, ch. 90-169; s. 5, ch. 90-502; s. 27, ch. 91-46; s. 6, ch. 91-85; s. 6, ch. 91-292; ss. 5, 13, ch. 94-277; s. 3, ch. 94-340; s. 1410, ch. 95-147; s. 14, ch. 96-410; s. 31, ch. 97-286; s. 17, ch. 99-399; s. 2, ch. 2000-161; s. 3, ch. 2000-243; s. 31, ch. 2000-258; s. 23, ch. 2000-372; s. 3, ch. 2001-91; s. 2, ch. 2001-282; s. 128, ch. 2003-261; s. 4, ch. 2006-275; s. 12, ch. 2007-217; s. 7, ch. 2008-6; s. 9, ch. 2013-36; s. 4, ch. 2014-183.

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Hillsborough County District School Board

Preliminary and Tentative Audit Findings

Finding No. 4: The District did not advertise or keep minutes for insurance committee meetings, contrary to the Sunshine Law, and Board meetings were not always timely approved.

Response:

Our District strives to ensure that board meeting minutes are timely approved however because of various issues which arise (such as holidays, staff absences, competing priorities, and duration of time between meetings) there are times in which such minutes are not timely approved.

Additionally it should be noted that the finding indicated the number of actual day's late and not business days late which would be lower. However, we will continue to strive to ensure that all minutes are timely approved.

In relation to Insurance committee meetings: Human Resources/Employee Benefits employees will now ensure that health insurance committee meetings are publicly advertised and have the minutes recorded.

Attachment I - list of board meetings, workshops, athletic appeals, termination hearings, etc.

Attachment II - 2013-2014 calendar indicating meetings and holiday or closures

Auditor Numbers	Meeting Date	Type of meeting	Approved	Next Regular Meeting	Approved by next board meeting	Working days late *includes date approved by Board	
						Auditor	HCPS
5.	8/27/13	Regular	9/24/13	9/10/13	No	14	10
7.	9/10/13	Regular a.m.	10/8/13	9/24/13	No	14	10
24.	12/2/13	Workshop	1/21/14	12/10/13	No	42	20
32.	2/25/14	Regular	4/1/14	3/18/14	No	14	10
39.	4/29/14	Regular	6/10/14	5/13/14	No	28	19

Above referenced items can be found on the District's website: www.sdhc.k12.fl.us
Divisions/Business/Accounting)

Attachment I

New Minute Books				
Meeting date	Meeting type	Minutes prepared by	Sent to SB for review	Approved at Board Meeting
July 16, 2013	R	Linda	7/25/13	7/30/13
July 16, 2013	AA	Linda	7/25/13	7/30/13
July 23, 2013	WS	Patti	8/26/13	8/27/13
July 30, 2013	R	Linda	8/8/13	8/13/13
August 6, 2013	Term	Patti	8/26/13	8/27/13
August 13, 2013	AA	Linda	8/23/13	8/27/13
August 13, 2013	R	Linda	8/23/13	8/27/13
August 27, 2013	R	Linda	9/10/13	9/24/13
September 3, 2013	SCM	Linda	9/5/13	9/10/13
September 3, 2013	Term	Patti		10/22/13
September 10, 2013	AA (am)	Linda	9/26/13	10/8/13
September 10, 2013	R (9 am)	Linda	9/24/13	10/8/13
September 10, 2013	AA (pm)	Linda	9/26/13	10/8/13
September 10, 2013	R/PH	Linda	9/12/13	9/24/13
September 17, 2013	WS	Patti		10/22/13
September 17, 2013	TH	Patti		
September 17, 2013	Rec	Linda	9/30/13	10/8/13
September 24, 2013	WS (am)	Patti		10/22/13
September 24, 2013	WS(pm)	Patti		11/5/13
September 24, 2013	AA	Linda	9/24/13	10/8/13
September 24, 2013	R	Linda	9/26/13	10/8/13
October 8, 2013	R	Linda	10/14/13	10/22/13
October 8, 2013	SCM	Linda	10/14/13	10/22/13
October 9, 2013	AA	Linda	10/14/13	10/22/13
October 9, 2013	WS	Patti		11/5/13
October 15, 2013	WS	Patti		12/10/13
October 15, 2013	TERM	Patti		11/19/13
October 15, 2013	SCM	Linda	10/17/13	10/22/13
October 22, 2013	AA	Linda	10/31/13	11/5/13
October 22, 2013	R	Linda	11/1/13	11/5/13
November 5, 2013	R	Linda	11/15/13	11/19/13
November 5, 2013	WS	Patti		12/18/13
November 12, 2013	WS 9am	Linda	11/22/13	12/10/13
November 12, 2013	WS	Patti		12/18/13
November 12, 2013	Rec	Linda	11/22/13	12/10/13
November 19, 2013	AA	Linda	12/6/13	12/10/13
November 19, 2013	Reorg	Linda	11/22/13	12/10/13
December 2, 2013	WS	Linda	12/20/13	1/21/13
December 10, 2013	R	Linda	12/10/13	12/18/13

New Minute Books				
Meeting date	Meeting type	Minutes prepared by	Sent to SB for review	Approved at Board Meeting
December 18, 2013	SCM	Linda	12/20/13	1/21/13
January 14, 2014	WS	Patti		2/11/14
Meeting date	Meeting type	Minutes prepared by	Sent to SB for review	Approved at Board Meeting
January 21, 2014	R	Linda	1/24/14	2/11/14
January 28, 2014	WS a.m.	Patti		2/25/14
January 28, 2014	WS p.m.	Patti		2/25/14
February 4, 2014	Term	Patti		2/25/14
February 11, 2014	R	Linda	2/21/14	2/25/14
February 18, 2014	WS	Patti		3/18/14
February 18, 2014	SF	Linda	3/6/14	3/18/14
February 25, 2014	R	Linda	3/28/14	4/1/14
March 4, 2014	WS a.m.	Patti		
March 4, 2014	WS p.m.	Patti		
March 4, 2014	Rec	Linda	4/11/14	4/29/14
March 18, 2014	R	Linda	3/25/14	4/1/14
March 25, 2014	WS a.m.	Patti		5/13/14
March 25, 2014	WS p.m.	Patti		5/13/14
April 1, 2014	R	Linda	4/8/14	4/29/14
April 8, 2014*	Term	Rescheduled April 22, 2014, 1 p.m.		
April 8, 2014	Term	Patti		10/14/14
April 15, 2014	WS a.m.	Patti		6/10/14
April 15, 2014	WS p.m.	Patti		6/10/14
April 22, 2014	WS a.m.	Linda	4/25/14	4/29/14
April 22, 2014 *	Term	Canceled – teacher ill (Lopez)		10/14/14
April 29, 2014 *	Term	Continuation (Lopez)		10/14/14
Minutes were submitted for termination hearing but at the request of Jim Porter, School Board Attorney were not taken to Board for approval until the final termination hearing was heard. These minutes were ready for the July 15, 2014 board meeting.				
April 29, 2014	R	Linda		6/10/14
May 6, 2014	Term	Patti		7/29/14
May 7, 2014	WS a.m.	Patti		8/12/14
May13, 2014	R	Linda	6/5/14	6/10/14
May 14, 2014	WS a.m.	Patti		8/12/14
May 20, 2014	Term	CANCELED		
May 20, 2014	Rec	Linda	8/6/14	8/12/14
June 10, 2014	R	Linda	6/23/14	6/24/14
June 17, 2014	WS a.m.	Patti		10/14/14
June 17, 2014	SCM	Patti		6/24/14
June 17, 2014	WS p.m.	Patti		10/14/14
June 24, 2014	R	Linda		7/15/14
June 26, 2014	WS p.m.	canceled		

Attachment 11

Page 1 of 1

January Sun 1 2 3 4 5 Mon 6 7 8 9 10 11 12 Tue 13 14 15 16 17 18 19 Wed 20 21 22 23 24 25 26 Thu 27 28 29 30 31	February Sun 1 2 3 4 5 6 Mon 7 8 9 10 11 12 13 Tue 14 15 16 17 18 19 20 Wed 21 22 23 24 25 26 27 Thu 28 29	March Sun 1 2 3 4 5 6 7 Mon 8 9 10 11 12 13 14 Tue 15 16 17 18 19 20 21 Wed 22 23 24 25 26 27 28 Thu 29 30 31
April Sun 1 2 3 4 5 6 Mon 7 8 9 10 11 12 13 Tue 14 15 16 17 18 19 20 Wed 21 22 23 24 25 26 27 Thu 28 29 30	May Sun 1 2 3 4 5 6 Mon 7 8 9 10 11 12 13 Tue 14 15 16 17 18 19 20 Wed 21 22 23 24 25 26 27 Thu 28 29 30 31	June Sun 1 2 3 4 5 6 7 Mon 8 9 10 11 12 13 14 Tue 15 16 17 18 19 20 21 Wed 22 23 24 25 26 27 28 Thu 29 30
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October Sun 1 2 3 4 5 6 Mon 7 8 9 10 11 12 13 Tue 14 15 16 17 18 19 20 Wed 21 22 23 24 25 26 27 Thu 28 29 30 31	November Sun 1 2 3 4 5 6 Mon 7 8 9 10 11 12 13 Tue 14 15 16 17 18 19 20 Wed 21 22 23 24 25 26 27 Thu 28 29 30	December Sun 1 2 3 4 5 6 7 Mon 8 9 10 11 12 13 14 Tue 15 16 17 18 19 20 21 Wed 22 23 24 25 26 27 28 Thu 29 30 31

- District Closed
- School Board meetings
 - Regular *
 - Special called
 - Athletic Appeal
 - Termination Hearing
 - Work Shops
 - Recognition

January Sun 1 2 3 4 5 6 7 Mon 8 9 10 11 12 13 14 Tue 15 16 17 18 19 20 21 Wed 22 23 24 25 26 27 28 Thu 29 30 31	February Sun 1 2 3 4 5 6 7 Mon 8 9 10 11 12 13 14 Tue 15 16 17 18 19 20 21 Wed 22 23 24 25 26 27 28 Thu 29	March Sun 1 2 3 4 5 6 7 Mon 8 9 10 11 12 13 14 Tue 15 16 17 18 19 20 21 Wed 22 23 24 25 26 27 28 Thu 29 30 31
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2014		
July Sun 1 2 3 4 5 6 Mon 7 8 9 10 11 12 13 Tue 14 15 16 17 18 19 20 Wed 21 22 23 24 25 26 27 Thu 28 29 30 31	August Sun 1 2 3 4 5 6 Mon 7 8 9 10 11 12 13 Tue 14 15 16 17 18 19 20 Wed 21 22 23 24 25 26 27 Thu 28 29 30 31	September Sun 1 2 3 4 5 6 7 Mon 8 9 10 11 12 13 14 Tue 15 16 17 18 19 20 21 Wed 22 23 24 25 26 27 28 Thu 29 30
October Sun 1 2 3 4 5 6 Mon 7 8 9 10 11 12 13 Tue 14 15 16 17 18 19 20 Wed 21 22 23 24 25 26 27 Thu 28 29 30 31	November Sun 1 2 3 4 5 6 Mon 7 8 9 10 11 12 13 Tue 14 15 16 17 18 19 20 Wed 21 22 23 24 25 26 27 Thu 28 29 30	December Sun 1 2 3 4 5 6 7 Mon 8 9 10 11 12 13 14 Tue 15 16 17 18 19 20 21 Wed 22 23 24 25 26 27 28 Thu 29 30 31

Hillsborough County District School Board

Preliminary and Tentative Audit Findings

Finding No. 5: Controls over virtual instruction program (VIP) operations and related activities could be enhanced by developing and maintaining comprehensive, written MIP policies and procedures.

Response:

The District does utilize and has developed a number of documents to assist with protocols and support procedures which include the following:

Elementary Registration Forms – Provided to every elementary school parent in person at the time of student registration in VIP

Secondary Registration Forms – Provided to every secondary school parent in person at the time of student registration in VIP

Middle School Math Accelerated Program documents including:

- Accelerated Math Parent Letter - Provided to the school for distribution
- Accelerated Math Timeline - Timeline provided to the school administration and guidance counselors to follow for implementation
- Math 2 accel class pace chart - Provided to this specific group of students and parents

Course selection sheet (used by Hillsborough Virtual School (HVS) staff and the brick and mortar sites) – Available at all Middle and High Schools for potential students and provided to every current HVS Middle and High School student.

Elementary and Secondary Brochures

Elementary Acceleration Co-Enrollment Checklist - This was developed and is used internally to insure all procedures are followed for elementary acceleration.

Denial Letter - This is sent to every parent and student who has applied and has not been accepted in the Hillsborough Virtual Full-Time program.

HVS Procedures for grades and extensions – Written procedures issued to teachers

New Student Orientation - Procedural information for Parents and students

Pre-planning Overview Agenda documents - Procedural information for teachers

Progress Alerts - provided regularly to parents and students

While the District has utilized these items we acknowledge that the development of a single comprehensive written VIP policy and procedures manual could enhance the effectiveness of the program. District VIP staff will work to integrate the above items into such a manual.

Above referenced items can be found on the District's website: www.sdhc.k12.fl.us
Divisions/Business/Accounting)

Hillsborough Virtual Elementary School Registration

Student: _____

Student Number: _____ Grade: _____ 7023 _____ 7001 _____

_____ FTE ELIGIBILITY VERIFIED (INITIAL _____)

Proof of Residence (2)

Dr. License(needed)_____	Utility Bill _____	Lease Agreement _____
Voter ID _____	Tax Receipt _____	Warranty Deed _____
Contract _____	Homestead _____	
_____ Birth Certificate (D Screen)	_____ Immunization Records (C Screen)	_____ Physical (New/out - of - county)
_____ Home Ed Notification	YES NO	Family withdraw from Home Education _____
_____ Previous grades?	YES NO	County - print mainframe Not Hillsborough - fax request to previous school

IEP (Copy) Yes No

Qualify for Free/Reduced Lunch Yes No
(Print J Screen)

Equipment Loan Contract Yes No
(S screen F8)

FCAT Reading Level 1 2 3 4 5

➤ Student email: _____

_____ Entered in SDHC _____ Classes in LMS _____ Classes in SDHC

PLEASE PRINT FIRMLY

AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD

Hillsborough County Public Schools

PLEASE PRINT FIRMLY

THIS BLOCK FOR SCHOOL USE ONLY

SCHOOL YEAR	SCHOOL NAME	DISTRICT STUDENT NUMBER		ENTRY CODE
TEACHER OR HOMEROOM		GRADE	STATE STUDENT NUMBER	ENTRY DATE
EMERGENCY INFORMATION: This card must be completed by the parent or legal guardian.				Child of Military Family? <input type="checkbox"/> Yes or <input type="checkbox"/> No Military Family includes: 1) members on active duty or 2) members for 1 year following: • medical discharge due to injury • retirement • death due to active duty injury
NAME OF STUDENT (LAST) (JR 2D, 3D, 4T) (FIRST) (MIDDLE)		DATE OF BIRTH MM DD YY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
MAILING ADDRESS - (STREET NUMBER & NAME, CITY ZIP CODE)				HOME PHONE
RESIDENCE ADDRESS - (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE)				
PARENT/ LEGAL GUARDIAN (LAST, FIRST, INIT.)		PARENT/ LEGAL GUARDIAN (LAST, FIRST, INIT.)		
EMPLOYER NAME		EMPLOYER NAME		
BUSINESS PHONE / EXT.		PAGER OR CELL NUMBER	BUSINESS PHONE / EXT.	PAGER OR CELL NUMBER
EMAIL:		EMAIL:		
RELATIONSHIP TO STUDENT (CIRCLE ONE)	P - PARENT G - LEGAL GUARDIAN A - GUARDIAN AD LITEM	O - OTHER S - SURROGATE N - NO PARENT/GUARDIAN REQUIRED	RELATIONSHIP TO STUDENT (CIRCLE ONE)	P - PARENT G - LEGAL GUARDIAN A - GUARDIAN AD LITEM
PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED* NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		DAYTIME PHONE	PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED* NAME (STUDENT MAY BE RELEASED TO THIS PERSON)	
HOSPITAL PREFERENCE		PHYSICIAN'S NAME & PHONE NUMBER	DENTIST'S NAME & PHONE NUMBER	
CURRENT HEALTH PROBLEMS ASTHMA _____ DIABETES _____ SEIZURES _____ HEART CONDITION _____ ALLERGIES _____ OTHER _____		EXPLANATION OF HEALTH PROBLEMS AND MEDICATIONS STUDENT IS TAKING:		
* In case of accident or serious illness, the school will contact the parent/legal guardian. If the school is unable to contact the parent/legal guardian or person(s) designated above, the school will contact the physician or will make the necessary arrangements for immediate transportation and treatment. Payment of fees will be assumed by the parent/legal guardian.				
I have reviewed and understand the conditions of this document and I understand that if I desire to have my child released to persons other than those listed above, I must provide a list of those persons in writing, with addresses and telephone numbers, to the principal of the school.				
			X _____ Signature of Parent/ Legal Guardian _____ Date _____	

REGISTRATION INFORMATION

Notice

HCPS collects Social Security Numbers for the purposes of creating a unique numerical identification within the HCPS system and for required reporting to the Department of Education. Enrollment will not be denied to a student because the student or student's parent or guardian does not provide a Social Security Number.

Student's Social Security Number _____

Birthplace _____ City _____ State _____ Country _____

First-time Hillsborough County Student

____ Yes ____ No Did the student relocate/move to Hillsborough County from ANOTHER county, state, or country within the past year?

If yes, City _____ State _____ County _____ Country _____

[Last School attended by the Student]: ____ Public ____ Private ____ Home Education (Include the dates attended and complete address information below)

School Name _____ Dates Attended _____

Street Address _____ City _____ State _____ Zip Code _____ County _____ Country _____

If the student ever attended a Hillsborough County Public School, name of school: _____

Home Language Survey

____ Yes ____ No Is a language other than English used in the home?

____ Yes ____ No Did the student have a first language other than English?

____ Yes ____ No Does the student most frequently speak a language other than English?

Primary language spoken in the home by the Parent/Legal Guardian _____ Student's Native Language _____

State/Federal Mandated Information

____ Yes ____ No Is either head of household a law enforcement officer, firefighter, or judge/justice?

____ Yes ____ No Is either parent in the military, employed as a federal civilian, or residing in a housing project?

____ Yes ____ No Did your family ever travel to look for work on a farm or do paid farm labor?

____ Yes ____ No Is the student a single parent with either custody or joint custody of a minor child?

____ Yes ____ No Has the student ever been expelled, arrested resulting in a charge, or had juvenile justice actions?

Date Student First Entered a United States School: Month (MM) ____ / Day (DD) ____ / Year (YYYY) ____

If foreign born, how many years has the student attended a school in the United States? _____

____ Yes ____ No Is the student of Hispanic or Latino ethnicity?

Check all applicable races: ____ American Indian or Alaska Native ____ Asian ____ Black/African American

____ Native Hawaiian or other Pacific Islander ____ White

As parent(s)/guardian(s), I (we) give permission for the school district to release, exchange, review and utilize my child's personally identifiable information to assist in the provision of school health services, and for this information to be disclosed to the Agency for Health Care Administration to facilitate verification of Medicaid eligibility; and/or, as applicable, to seek reimbursement from Medicaid for services provided at school. I understand that my child will continue to receive services per his/her Individual Educational Plan whether or not I give consent.

Signature of Parent/ Legal Guardian _____

Date _____

Distribution: Original - Student Cumulative Folder, Copy - Data Processing Clerk
 SB45501 (Rev. 12/2012) LAWSON # 1000342

Side A



Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

Student Residency Form

Complete Side A of this form if Parent/Guardian can provide Proof of Residence. If not, complete Side B.

This form defines the student enrollment category and verifies residence when enrolling in a Hillsborough County Public School.

Student Name: _____ School: _____

Student Number: _____ Date of Birth: _____

Student Address: _____

1. What is the current student residence?

- ☐ Family owned house
Homesteaded? ☐ Yes ☐ No
☐ Family rented apartment/house
☐ Licensed foster care placement (update D Screen)

Please check the documents being provided to the school for verification of residence (2 are required):

- | | | |
|---|--|--|
| <input type="checkbox"/> Homestead exemption | <input type="checkbox"/> Current electric bill | <input type="checkbox"/> Lease agreement |
| <input type="checkbox"/> Valid driver's license | <input type="checkbox"/> Contract for purchase of home | <input type="checkbox"/> Warranty deed |
| <input type="checkbox"/> Tax receipt | <input type="checkbox"/> Current voter's registration card | |

2. The undersigned certifies that all information contained in this form is accurate.

This form is valid for one school year only and expires at the end of the school year.

Acceptance of this form does NOT confer athletic eligibility. FHSAA participation requires clearance by the Transferring Student-Athletes Participation Committee (TSAP).

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true (FS 92.525). A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Data Processors ~ This form SB 60711 (Rev. 12/5/2013) must be coded into the student database upon enrollment (on B, D and E screens).

Distribution: Data Processor file, if section B was used, copy to School Social Worker, Fax to Homeless Education and Literacy Project at (813) 384-3979 and to the Healthy Meals Application Center at (813) 840-7114.
SB 60711 (Rev. 1/30/2014)

Side A

Side B

Student Residency Form

Complete Side B of this form if Parent/Guardian cannot provide Proof of Residence. If Parent/Guardian can provide Proof of Residence, complete Side A.

This form defines student enrollment category and verifies residence when enrolling in a Hillsborough County Public School.

Student Name: _____ School: _____

Student Number: _____ Date of Birth: _____

Student Address: _____

What is the current student residence?

Unable to provide verification of residence due to the following circumstance:

- ☐ Living in emergency or transitional shelters, FEMA trailer, or student is awaiting foster care (Homeless code A)*
- ☐ Sharing or using the housing of other persons (must also include signature of party with whom family resides)*
- ☐ Is this on a temporary basis and due to a loss of housing/financial hardship? ☐ Yes (Homeless code B)* ☐ No
- ☐ Living in car, park, campground, public space, abandoned building, substandard housing, or similar (Homeless code D)*
- ☐ Living in hotels or motels on a temporary basis due to a loss of housing or financial hardship (Homeless code E)*

*Enrollment should not be denied to families in transition/homeless identified under coded categories A, B, D or E above.

Families in transition/homeless must choose one

Select Reason	SCHOOL CODE (office use only)	Cause of Homelessness
	M	Mortgage Foreclosure-Homeless family loses own home due to foreclosure
	E	Natural Disaster - Earthquake
	F	Natural Disaster - Flooding
	H	Natural Disaster - Hurricane
	S	Natural Disaster - Tropical Storm
	T	Natural Disaster - Tornado
	W	Natural Disaster - Wildfire or Fire
	N	Natural Disaster - Other
	O	Other (Lack Affordable Housing, Unemployment, Domestic Violence, Eviction, etc...)

Is this student an "Unaccompanied Homeless Youth" (student is homeless and not in the physical custody of a parent/guardian, runaway, living alone with no adult, or abandoned by parent/guardian)? ☐ Yes ☐ No (code UAC field accordingly)

Your child/children may be eligible for additional educational services through Title I, Part A, Title I Part C-Migrant, or Title X, Part C-Federal McKinney-Vento Assistance Act. Consult with school staff for additional information.

I, The undersigned certifies that all information contained in this form is accurate. This form is valid for one school year only and expires at the end of the school year. Acceptance of this form does NOT confer athletic eligibility. FHSAA participation requires clearance by the Transferring Student-Athletes Participation Committee (TSAP).

If sharing or using the housing of other persons, the party with whom the family resides must sign below and provide two (2) proofs of residency:

Acknowledgement: I certify that the family referenced above is residing with me at the above address.

Print name of party with whom student resides _____ Signature _____ Date _____

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true (FS 92.525). A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

Administrator Signature: _____ Date: _____



Elementary Hillsborough Virtual School Attendance Policy

Daily monitoring of student submissions, usage, and communications is required to maintain rigorous and relevant learning of the course content in an online setting. Students must meet mandated daily time requirements for each subject.

- Students that accumulate excessive unexcused absences will be considered truant.
- To have satisfactory attendance, work must be submitted daily in each course, unless arrangements are made in advance with the Hillsborough Virtual School teachers and/or staff.

First month work plan	
First Week	<ul style="list-style-type: none"> • Complete Welcome Call with teacher. • Establish daily work schedule. • Submit required lessons as determined by teacher requirements.
Second Week	<ul style="list-style-type: none"> • Submit required lessons as determined by teacher.
Third Week	<ul style="list-style-type: none"> • Submit required lessons as determined by teacher.
Fourth Week	<ul style="list-style-type: none"> • Complete first monthly call/email with teacher. • Submit required lessons as determined by teacher.

School Attendance Intervention Procedure	
No login and/or work submitted 7 days.	Contact family by phone and email. Request contact within 48 hours.
No login and/or work submitted 10 days.	Contact family by phone and email. Request contact within 24 hours.
No login and/or work submitted 15 days.	Contact family by phone and email. Request contact within 24 hours. Schedule truancy intervention meeting with administration.
No login and/or work submitted 20+ days.	Administration Conference/Withdrawal from program.

I understand that Hillsborough Virtual School requires my child to follow the teacher scheduling requirements and submit assignments daily to help ensure student success.

Parent/Guardian Signature/Date

Student Signature/Date

2704 N. Highland Ave. • Tampa, Florida 33602
Office: Phone: 813 – 983 – 7278 • FAX: 813 – 983 – 7920
www.online.mysdhc.org



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W. Edgecomb, Vice Chair
Griffin
A. Harris
W. Kurdell
a Snively
Stuart



Superintendent of Schools
MaryEllen Elia

Deputy Superintendents
Jeff Eakins
Cathy Valdes

Assistant Superintendent for
Curriculum and Instruction
Wynne A. Tye

Director of Virtual Instruction
Programs
Christina Russell

School Year 2014 – 2015

Dear Parent or Guardian,

The 2008 Legislature passed Senate Bill 610 which was signed into law by Governor Crist on June 2, 2008. It included changes in statute as it relates to physical education requirements for Florida students.

Section 1003.455, Florida Statutes, requires 150 minutes each week of physical education for students in grades kindergarten through fifth grade, and beginning in the 2012 – 2013 school year, the equivalent of one class period per day of physical education for one semester of each year for students in grades six through eight. The physical education requirement shall be waived for a student in grades kindergarten through grade eight who meets one of the following criteria:

- The student is enrolled or required to enroll in a remedial course.
- The student's parent indicates in writing to the school that:
 1. The parent requests that the student enroll in another course from among those courses offered as options by the school district; or
 2. The student is participating in physical activities outside the school day which are equal to or in excess of the mandated requirement.

The statute requires each District School Board to notify parents of the options available prior to scheduling a student in physical education. Unless your child meets one of the waiver criteria listed above, he/she will be enrolled in physical education for 150 minutes each week while in grades kindergarten through grade five, or for one semester of each year while in grades six through eight.

I request that my child _____ be allowed to waive the physical education requirement for the 2012 – 2013 school year for the reason below:

My child is participating in physical activities outside of the school day which are equal to or in excess of the physical education requirement.

I have read and understood the conditions above.

Student Name: _____ Student Signature: _____

Parent Name: _____ Parent Signature: _____

Date: _____ School District: _____



Virtual Instruction Programs
2704 N. Highland Ave. • Tampa, Florida 33602
Office: Phone: 813-609-6811 • FAX: 813-609-6825

School Board

Carol W. Kurdeil, Chair
Susan L. Valdes, Vice Chair
Doretha W. Edgecomb
April Griffin
Candy Olson
Cindy Stuart
Stacy R. White, Pharm.D.



Superintendent of Schools
MaryEllen Elia

Deputy Superintendents
Jeffrey Eakins
Cathy Valdes

**Assistant Superintendent for
Curriculum and Instruction**
Wynne A. Tye

**Director of Virtual Instruction
Programs**
Christina Russell

School Year 2014 – 2015

Welcome to the Hillsborough Virtual Program!

By my signature below, I am verifying that all the information provided to the school at the time of my child's enrollment is, to the best of my knowledge, complete and truthful. I understand that my child is being enrolled in this school on the condition I provide truthful information. I further understand that my child may be withdrawn from enrollment if any of the information I have provided proves to be false.

RESIDENCE: I verify that the child and I live at the address provided on the enrollment forms, which is an address within Hillsborough County.

_____ YES _____ NO

GUARDIANSHIP: I verify that I am the parent or legal guardian of the child.
(Attach legal documentation if guardian.)

_____ YES _____ NO

BEHAVIOR: My child has been expelled from a school district in the past 12 months.

_____ YES _____ NO

ESE STATUS: My child was receiving or staffed to receive special education services at her/his most recent educational placement.

_____ YES _____ NO

(If yes, please complete page 2 of this form.)

GRADE PLACEMENT

I understand my child is being assigned to a grade level based upon information I provided and is subject to change if records received from her/his previous school indicate differently than I reported.

Student's Complete Legal Name

Date of Birth

Signature of Parent/Guardian/Legal Custodian

Today's Date

Page 1 of 2

School Board

Carol W. Kurdell, Chair
Susan L. Valdes, Vice Chair
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Superintendent of Schools
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**Assistant Superintendent for
Curriculum and Instruction**
Wynne A. Tye

**Director of Virtual Instruction
Programs**
Christina Russell

**Regarding Provision of Exceptional Student Education (ESE) Services in
Hillsborough Virtual School**

Hillsborough Virtual School (HVS) is a Choice School within Hillsborough County Public Schools (HCPS). Even though HCPS provides a broad continuum of ESE services, all HCPS schools do not provide the same level of ESE services. The level of ESE services that is provided via HVS is consultative services, when the student's **Individual Educational Plan (IEP)** Team has determined that consultative services is a need for a student with a disability. If your child currently has an IEP that determines direct ESE services, but you believe that consultative services are appropriate for your child and will appropriately meet his needs in HVS, then an IEP Team meeting will be convened to consider revising the current IEP.

HVS provides many accommodations (extended time, etc) based on the nature of the virtual instructional program, and it also provides accommodations that are needed and identified by the student's IEP Team, including accommodations needed for testing. When a student has a current IEP that determines a need for direct ESE services, parents who choose HVS may select one of the following options:

_____ Option 1 - Defer Direct ESE Services

The student's IEP remains in effect and current, but is not implemented as a result of the parents' choice to enroll their child in HVS. The student will receive needed accommodations for instruction and standardized testing (extended time, small group, etc.), as described by the current IEP.

_____ Option 2 - Dismissal from All ESE Services

This option is rarely exercised by parents. Dismissal from all ESE services is an option for parents who no longer wish for their child to be identified as a student with a disability, in need of an IEP. A parent's request for dismissal from all ESE services must be provided in writing and the district must provide prior written notice to the parents to inform the parent of when the dismissal will occur, and the impact of that dismissal. After dismissal from all ESE, a student is no longer identified as a student with a disability in need of an IEP and the IEP, and other safeguards of the IDEA (Individuals with Disabilities Education Act), no longer apply to the student. If the parent, at a later time, wishes for ESE services to be reinstated, the initial evaluation process must be readdressed for the student, and the student must be found eligible for ESE per Florida Statutes and State Board of Education Rules.

I understand that HVS is a Choice School and I choose the option that is checked above for my child in lieu of the provision of direct ESE services.

Student Name

Parent Signature

Date

School Board

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Christina Russell

School Year 2014 – 2015

PHOTOGRAPHY / VIDEOTAPING PERMISSIONS FORM

I give permission for my child, _____, to be photographed or videotaped for use in school publications or for use by the general news media for print or broadcast purposes.

Parent / Guardian Signature

Date



Hillsborough County
PUBLIC SCHOOLS

Excellence in Education

Test Site Preference

Hillsborough Virtual School students are REQUIRED to participate in ALL District and State Mandated Testing (i.e. FAIR, FSA, EOC, etc.) Failure to comply with required testing may result in withdrawal from Hillsborough Virtual School

I would prefer my student attend testing at the following location:

_____ Hillsborough Virtual School
2704 N. Highland Ave.
Tampa, FL 33602

_____ Zoned School
(based on home address of record)

_____ School Name

Parent/Guardian Signature/Date

Student Signature/Date

- If you move during the school year, please notify our office. The address given at registration will be used to determine your student's testing site.
- Testing at the Hillsborough Virtual School office may not be offered for certain tests due to space availability.
- By checking above does not limit you should your preference change.

2704 N. Highland Ave. • Tampa, Florida 33602
Office: Phone: 813-983-7278 • FAX: 813-983-7920
www.online.mysdhc.org



School District of Hillsborough County
APPLICATION FOR PARTICIPATION
Instructional Field Trips

This form is used for recording student requests to participate in instructional field trips and their parent or guardian's permission for them to participate and travel in specified transportation. It must be on file before a student may participate.

Student Request

I, _____ am a student in _____
Print Name of Student Print Name of Class
class at _____ School.

My home address, including parent/guardian name: _____
Print Parent/Guardian Name

Print Home Street Address City State Zip

Home Phone Work Phone

The intent of this voluntary statement is to form an agreement in which I pledge my compliance with the policies in the Hillsborough County Student Handbook and to conduct myself on all field trips in such a manner as to bring honor to my school and myself in return for the privilege of being included as a participant in field trip activities.

Student's Signature Date of Signature

Parent/Guardian Request

As parent or guardian, I request that _____ participate
Print Student's Name

in the field trip to _____ that will be conducted on ____ / ____ / ____
Print Name of Trip Destination Month / Day / Year

I understand that transportation for the trip will be provided by

☐ a private automobile of a parent, teacher, and/or licensed student, none of which is under control of School District of Hillsborough County.

OR

☐ a regular school bus operated by the School District of Hillsborough County.

OR

☐ a private bus under charter to the School District of Hillsborough County.

Signature of Student's Parent or Guardian Date of Signature

A copy of this form must be turned in to the office 3 days prior to the field trip.

Form SB60531 revised 5/23/03



Hillsborough County Public Schools
2014 – 2015 Volunteer Application
Please complete application fully, and return to:
The school where you will be volunteering

SOP	Date	Initial
HCSO	Date	Initial
DOC	Date	Initial

LEGAL Name _____
Last First Middle (Not initial) Maiden (Required if applicable)

Home Address _____
Number and Street City State Zip How long? _____

Previous address if less than 5 years _____

Name & Address of Employer _____
How long? _____ Occupation _____

Home Telephone _____ **Business** _____ **Fax** _____

Cell Phone _____ **E-mail Address** _____

Date of Birth (required) _____ **Do you have a student in Hillsborough County schools?** ☐ Yes ☐ No

School(s) _____

Student's Name(s) _____

Grade(s) _____ **Teacher(s)** _____

Are you a student? ☐ Yes ☐ No **School** _____

Gender

- ☐ Female
☐ Male

Ethnic Origin (Optional)

- ☐ African American
☐ Hispanic
☐ Caucasian White
☐ Asian/Pacific Islander
☐ American Indian/Alaskan Native
☐ Other

Volunteer Category

- ☐ Classroom Helper
☐ Tutor
☐ Mentor (Please complete page 2)
☐ Chaperone/Day
☐ Chaperone/Overnight
(Fingerprinting required-additional fee)
☐ Other _____

Marital Status

- ☐ Married
☐ Single
☐ Widowed
☐ Separated
☐ Divorced

School you prefer & grade level: _____

Highest Level of Education Completed: _____

Special skills, languages or hobbies: _____

I understand that I am offering my services to the Hillsborough County Public School System without compensation. I certify that all information given on this application is true and complete. Any misrepresentation, omission or incorrect statement of facts called for in this application is cause for immediate dismissal of me as a volunteer. I agree, if I am a volunteer, to abide by all school board rules, regulations and policies, either published or in effect by usage and all rules, regulations and laws of the State of Florida as may be required by Florida Statutes and the School Board of Hillsborough County.

Have you ever been convicted, pled no contest, or had adjudication withheld in a criminal offense, felony, misdemeanor or are there any criminal charges now pending against you other than a minor traffic violation?

Yes _____ No _____ If Yes, Please provide a brief explanation on a separate sheet of paper.

Would you agree to an employer/criminal background check? Yes _____ No _____

SIGNATURE OF VOLUNTEER APPLICANT: _____ **DATE** _____

Hillsborough Virtual Middle / High School Registration

Student: _____

Student Number _____ Grade: _____ 7023 _____

_____ FTE ELIGIBILITY VERIFIED (INITIAL _____) 7001 _____

Proof of Residence (2)

Dr. License(needed) _____ Utility Bill _____ Lease Agreement _____

Voter ID _____ Tax Receipt _____ Warranty Deed _____

Contract _____ Homestead _____

_____ Birth Certificate (D Screen) _____ Immunization Records (C Screen) _____ Physical (New/out - of - county)

_____ Withdrawal Forms? YES NO Family withdrew from school _____

_____ Previous grades? YES NO County - print mainframe
Not Hillsborough - fax request to previous school

_____ Home Education notification (if applicable)

Early Grad? NO YES HCC Dual Enroll? NO YES

IEP (Copy) NO YES Reading Level (S Screen F8) 1 2 3 4 5
(Print J Screen)

Qualify for Free/Reduced Lunch NO YES Equipment Loan Contract NO YES

Student email: _____

Student Cell Number: _____

	Semester 1 Courses	Sequence #	Semester 2 Courses	Sequence #
1				
2				
3				
4				
5				
6				

_____ Entered in SDHC _____ Classes in LMS _____ Classes in SDHC

PLEASE PRINT FIRMLY

AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD

Hillsborough County Public Schools

PLEASE PRINT FIRMLY

THIS BLOCK FOR SCHOOL USE ONLY

SCHOOL YEAR	SCHOOL NAME		DISTRICT STUDENT NUMBER		ENTRY CODE
TEACHER OR HOMEROOM		GRADE	STATE STUDENT NUMBER		ENTRY DATE
EMERGENCY INFORMATION: This card must be completed by the parent or legal guardian.					Child of Military Family? <input type="checkbox"/> Yes or <input type="checkbox"/> No Military Family Includes: 1) members on active duty or 2) members for 1 year following: • medical discharge due to injury • retirement • death due to active duty injury
NAME OF STUDENT (LAST) (JR 2D, 3D, 4T) (FIRST) (MIDDLE)		DATE OF BIRTH MM DD YY		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
MAILING ADDRESS - (STREET NUMBER & NAME, CITY ZIP CODE)					
RESIDENCE ADDRESS - (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO & NAME, CITY) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE)					HOME PHONE
PARENT/LEGAL GUARDIAN (LAST, FIRST, INIT)			PARENT/LEGAL GUARDIAN (LAST, FIRST, INIT)		
EMPLOYER NAME			EMPLOYER NAME		
BUSINESS PHONE / EXT.		PAGER OR CELL NUMBER		BUSINESS PHONE / EXT.	
PAGER OR CELL NUMBER		BUSINESS PHONE / EXT.		PAGER OR CELL NUMBER	
EMAIL:			EMAIL:		
RELATIONSHIP TO STUDENT (CIRCLE ONE)		P - PARENT G - LEGAL GUARDIAN A - GUARDIAN AD LITEM		O - OTHER S - SURROGATE N - NO PARENT/GUARDIAN REQUIRED	
RELATIONSHIP TO STUDENT (CIRCLE ONE)		P - PARENT G - LEGAL GUARDIAN A - GUARDIAN AD LITEM		O - OTHER S - SURROGATE N - NO PARENT/GUARDIAN REQUIRED	
PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED* NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		DAYTIME PHONE		PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED* NAME (STUDENT MAY BE RELEASED TO THIS PERSON)	
DAYTIME PHONE		PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED* NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		DAYTIME PHONE	
HOSPITAL PREFERENCE		PHYSICIAN'S NAME & PHONE NUMBER		DENTIST'S NAME & PHONE NUMBER	
CURRENT HEALTH PROBLEMS ASTHMA _____ DIABETES _____ SEIZURES _____ HEART CONDITION _____ ALLERGIES _____ OTHER _____		EXPLANATION OF HEALTH PROBLEMS AND MEDICATIONS STUDENT IS TAKING:			
<small>* In case of accident or serious illness, the school will contact the parent/legal guardian. If the school is unable to contact the parent/legal guardian or person(s) designated above, the school will contact the physician or will make the necessary arrangements for immediate transportation and treatment. Payment of fees will be assumed by the parent/legal guardian.</small>					
I have reviewed and understand the conditions of this document and I understand that if I desire to have my child released to persons other than those listed above, I must provide a list of those persons in writing, with addresses and telephone numbers, to the principal of the school.					
				X _____ Signature of Parent/ Legal Guardian	
				_____ Date	

REGISTRATION INFORMATION

Student's Social Security Number _____

Birthplace _____ City _____ State _____ Country _____

First-time Hillsborough County Student

____ Yes ____ No Did the student relocate/move to Hillsborough County from ANOTHER county, state, or country within the past year?

If yes, City _____ State _____ County _____ Country _____

[Last School attended by the Student]: ____ Public ____ Private ____ Home Education (Include the dates attended and complete address information below)

School Name _____ Dates Attended _____

Street Address _____ City _____ State _____ Zip Code _____ County _____ Country _____

If the student ever attended a Hillsborough County Public School, name of school: _____

Home Language Survey

____ Yes ____ No Is a language other than English used in the home?

____ Yes ____ No Did the student have a first language other than English?

____ Yes ____ No Does the student most frequently speak a language other than English?

Primary language spoken in the home by the Parent/Legal Guardian _____ Student's Native Language _____

State/Federal Mandated Information

____ Yes ____ No Is either head of household a law enforcement officer, firefighter, or judge/justice?

____ Yes ____ No Is either parent in the military, employed as a federal civilian, or residing in a housing project?

____ Yes ____ No Did your family ever travel to look for work on a farm or do paid farm labor?

____ Yes ____ No Is the student a single parent with either custody or joint custody of a minor child?

____ Yes ____ No Has the student ever been expelled, arrested resulting in a charge, or had juvenile justice actions?

Date Student First Entered a United States School: Month (MM) ____ / Day (DD) ____ / Year (YYYY) ____

If foreign born, how many years has the student attended a school in the United States? _____

____ Yes ____ No Is the student of Hispanic or Latino ethnicity?

Check all applicable races: ____ American Indian or Alaska Native ____ Asian ____ Black/African American

____ Native Hawaiian or other Pacific Islander ____ White

As parent(s)/guardian(s), I (we) give permission for the school district to release, exchange, review and utilize my child's personally identifiable information to assist in the provision of school health services, and for this information to be disclosed to the Agency for Health Care Administration to facilitate verification of Medicaid eligibility; and/or, as applicable, to seek reimbursement from Medicaid for services provided at school. I understand that my child will continue to receive services per his/her Individual Educational Plan whether or not I give consent.

Signature of Parent/ Legal Guardian

Date

 Distribution: Original - Student Cumulative Folder, Copy - Data Processing Clerk
 SB45501 (Rev. 12/2012) LAWSON # 1000342

Side A



Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

Student Residency Form

Complete Side A of this form if Parent/Guardian can provide Proof of Residence. If not, complete Side B.

This form defines the student enrollment category and verifies residence when enrolling in a Hillsborough County Public School.

Student Name: _____ School: _____

Student Number: _____ Date of Birth: _____

Student Address: _____

1. What is the current student residence?

- ☐ Family owned house
Homesteaded? ☐ Yes ☐ No
☐ Family rented apartment/house
☐ Licensed foster care placement (update D Screen)

Please check the documents being provided to the school for verification of residence (2 are required):

- | | | |
|---|--|--|
| <input type="checkbox"/> Homestead exemption | <input type="checkbox"/> Current electric bill | <input type="checkbox"/> Lease agreement |
| <input type="checkbox"/> Valid driver's license | <input type="checkbox"/> Contract for purchase of home | <input type="checkbox"/> Warranty deed |
| <input type="checkbox"/> Tax receipt | <input type="checkbox"/> Current voter's registration card | |

2. The undersigned certifies that all information contained in this form is accurate.

This form is valid for one school year only and expires at the end of the school year.

Acceptance of this form does NOT confer athletic eligibility. FHSA participation requires clearance by the Transferring Student-Athletes Participation Committee (TSAP).

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true (FS 92.525). A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Data Processors – This form SB 60711 (Rev. 12/5/2013) must be coded into the student database upon enrollment (on B, D and E screens).

Distribution: Data Processor file, if section B was used, copy to School Social Worker, Fax to Homeless Education and Literacy Project at (813) 384-3979 and to the Healthy Meals Application Center at (813) 840-7114.
SB 60711 (Rev. 1/30/2014)

Side A

Side B

Student Residency Form

Complete Side B of this form if Parent/Guardian cannot provide Proof of Residence. If Parent/Guardian can provide Proof of Residence, complete Side A.

This form defines student enrollment category and verifies residence when enrolling in a Hillsborough County Public School.

Student Name: _____ School: _____

Student Number: _____ Date of Birth: _____

Student Address: _____

What is the current student residence?

Unable to provide verification of residence due to the following circumstance:

- ☐ Living in emergency or transitional shelters, FEMA trailer, or student is awaiting foster care (Homeless code A)*
- ☐ Sharing or using the housing of other persons (must also include signature of party with whom family resides)*
- ☐ Is this on a temporary basis and due to a loss of housing/financial hardship? ☐ Yes (Homeless code B)* ☐ No
- ☐ Living in car, park, campground, public space, abandoned building, substandard housing, or similar (Homeless code D)*
- ☐ Living in hotels or motels on a temporary basis due to a loss of housing or financial hardship (Homeless code E)*

*Enrollment should not be denied to families in transition/homeless identified under coded categories A, B, D or E above.

Families in transition/homeless must choose one

Select Reason	SCHOOL CODE (office use only)	Cause of Homelessness
	M	Mortgage Foreclosure-Homeless family loses own home due to foreclosure
	E	Natural Disaster - Earthquake
	F	Natural Disaster - Flooding
	H	Natural Disaster - Hurricane
	S	Natural Disaster - Tropical Storm
	T	Natural Disaster - Tornado
	W	Natural Disaster - Wildfire or Fire
	N	Natural Disaster - Other
	O	Other (Lack Affordable Housing, Unemployment, Domestic Violence, Eviction, etc...)

Is this student an "Unaccompanied Homeless Youth" (student is homeless and not in the physical custody of a parent/guardian, runaway, living alone with no adult, or abandoned by parent/guardian)? ☐ Yes ☐ No (code UAC field accordingly)

Your child/children may be eligible for additional educational services through Title I, Part A, Title I Part C-Migrant, or Title X, Part C-Federal McKinney-Vento Assistance Act. Consult with school staff for additional information.

- I, The undersigned certifies that all information contained in this form is accurate. This form is valid for one school year only and expires at the end of the school year. Acceptance of this form does NOT confer athletic eligibility. FHSAA participation requires clearance by the Transferring Student-Athletes Participation Committee (TSAP).

If sharing or using the housing of other persons, the party with whom the family resides must sign below and provide two (2) proofs of residency:

Acknowledgement: I certify that the family referenced above is residing with me at the above address.

Print name of party with whom student resides _____ Signature _____ Date _____

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true (FS 92.525). A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

Administrator Signature: _____ Date: _____

School District of Hillsborough County
APPLICATION FOR PARTICIPATION
Instructional Field Trips

This form is used for recording student requests to participate in instructional field trips and their parent or guardian's permission for them to participate and travel in specified transportation. It must be on file before a student may participate.

Student Request

I, _____ am a student in _____
Print Name of Student Print Name of Class
class at _____ School.

My home address, including parent/guardian name: _____
Print Parent/Guardian Name

Print Home Street Address City State Zip

Home Phone Work Phone

The intent of this voluntary statement is to form an agreement in which I pledge my compliance with the policies in the Hillsborough County Student Handbook and to conduct myself on all field trips in such a manner as to bring honor to my school and myself in return for the privilege of being included as a participant in field trip activities.

Student's Signature Date of Signature

Parent/Guardian Request

As parent or guardian, I request that _____ participate
Print Student's Name

in the field trip to _____ that will be conducted on _____
Print Name of Trip Destination Month / Day / Year

I understand that transportation for the trip will be provided by

☐ a private automobile of a parent, teacher, and/or licensed student, none of which is under control of School District of Hillsborough County.

OR

☐ a regular school bus operated by the School District of Hillsborough County.

OR

☐ a private bus under charter to the School District of Hillsborough County.

Signature of Student's Parent or Guardian Date of Signature

A copy of this form must be turned in to the office 3 days prior to the field trip.

Form SB60531 revised 5/23/03



Hillsborough County Public Schools
2014 - 2015 Volunteer Application
Please complete application fully, and return to:
The school where you will be volunteering

SOP _____ Date _____ Initial _____
HCSO _____ Date _____ Initial _____
DOC _____ Date _____ Initial _____

LEGAL Name _____
Last First Middle (Not Initial) Maiden (Required if applicable)

Home Address _____ How long? _____
Number and Street City State Zip

Previous address if less than 5 years _____

Name & Address of Employer _____
How long? _____ Occupation _____

Home Telephone _____ Business _____ Fax _____

Cell Phone _____ E-mail Address _____

Date of Birth (required) _____ Do you have a student in Hillsborough County schools? ☐ Yes ☐ No

School(s) _____

Student's Name(s) _____

Grade(s) _____ Teacher(s) _____

Are you a student? ☐ Yes ☐ No School _____

Gender

- ☐ Female
☐ Male

Ethnic Origin (Optional)

- ☐ African American
☐ Hispanic
☐ Caucasian White
☐ Asian/Pacific Islander
☐ American Indian/Alaskan Native
☐ Other

Volunteer Category

- ☐ Classroom Helper
☐ Tutor
☐ Mentor (Please complete page 2)
☐ Chaperone/Day
☐ Chaperone/Overnight
(Fingerprinting required-additional fee)
☐ Other _____

Marital Status

- ☐ Married
☐ Single
☐ Widowed
☐ Separated
☐ Divorced

School you prefer & grade level: _____

Highest Level of Education Completed: _____

Special skills, languages or hobbies: _____

I understand that I am offering my services to the Hillsborough County Public School System without compensation. I certify that all information given on this application is true and complete. Any misrepresentation, omission or incorrect statement of facts called for in this application is cause for immediate dismissal of me as a volunteer. I agree, if I am a volunteer, to abide by all school board rules, regulations and policies, either published or in effect by usage and all rules, regulations and laws of the State of Florida as may be required by Florida Statutes and the School Board of Hillsborough County.

Have you ever been convicted, pled no contest, or had adjudication withheld in a criminal offense, felony, misdemeanor or are there any criminal charges now pending against you other than a minor traffic violation?

Yes _____ No _____ If Yes, Please provide a brief explanation on a separate sheet of paper.

Would you agree to an employer/criminal background check? Yes _____ No _____

SIGNATURE OF VOLUNTEER APPLICANT: _____ DATE _____

School Board

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**Assistant Superintendent for
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Wynne A. Tye

**Director of Virtual Instruction
Programs**
Christina Russell

School Year 2014 – 2015

Welcome to the Hillsborough Virtual Program!

By my signature below, I am verifying that all the information provided to the school at the time of my child's enrollment is, to the best of my knowledge, complete and truthful. I understand that my child is being enrolled in this school on the condition I provide truthful information. I further understand that my child may be withdrawn from enrollment if any of the information I have provided proves to be false.

RESIDENCE: I verify that the child and I live at the address provided on the enrollment forms, which is an address within Hillsborough County.

_____ **YES** _____ **NO**

GUARDIANSHIP: I verify that I am the parent or legal guardian of the child.
(Attach legal documentation if guardian.)

_____ **YES** _____ **NO**

BEHAVIOR: My child has been expelled from a school district in the past 12 months.

_____ **YES** _____ **NO**

ESE STATUS: My child was receiving or staffed to receive special education services at her/his most recent educational placement.

_____ **YES** _____ **NO**

(If yes, please complete page 2 of this form.)

GRADE PLACEMENT

I understand my child is being assigned to a grade level based upon information I provided and is subject to change if records received from her/his previous school indicate differently than I reported.

Student's Complete Legal Name

Date of Birth

Signature of Parent/Guardian/Legal Custodian

Today's Date

Page 1 of 2

School Board

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Hillsborough Virtual School**

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HVS provides many accommodations (extended time, etc) based on the nature of the virtual instructional program, and it also provides accommodations that are needed and identified by the student's IEP Team, including accommodations needed for testing. When a student has a current IEP that determines a need for direct ESE services, parents who choose HVS may select one of the following options:

_____ Option 1 - Defer Direct ESE Services

The student's IEP remains in effect and current, but is not implemented as a result of the parents' choice to enroll their child in HVS. The student will receive needed accommodations for instruction and standardized testing (extended time, small group, etc.), as described by the current IEP.

_____ Option 2 - Dismissal from All ESE Services

This option is rarely exercised by parents. Dismissal from all ESE services is an option for parents who no longer wish for their child to be identified as a student with a disability, in need of an IEP. A parent's request for dismissal from all ESE services must be provided in writing and the district must provide prior written notice to the parents to inform the parent of when the dismissal will occur, and the impact of that dismissal. After dismissal from all ESE, a student is no longer identified as a student with a disability in need of an IEP and the IEP, and other safeguards of the IDEA (Individuals with Disabilities Education Act), no longer apply to the student. If the parent, at a later time, wishes for ESE services to be reinstated, the initial evaluation process must be readdressed for the student, and the student must be found eligible for ESE per Florida Statutes and State Board of Education Rules.

I understand that HVS is a Choice School and I choose the option that is checked above for my child in lieu of the provision of direct ESE services.

Student Name

Parent Signature

Date

Susan L. Valdes, Chair
Doretha W. Edgecomb, Vice Chair
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PUBLIC SCHOOLS
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Christina Russell

PHOTOGRAPHY / VIDEOTAPING PERMISSIONS FORM

I give permission for my child, [REDACTED], to be photographed or videotaped for use in school publications or for use by the general news media for print or broadcast purposes.

Parent / Guardian Signature

Date _____

Virtual Instruction Programs

2704 N. Highland Ave. • Tampa, Florida 33602
Office: Phone: 813-609-6811 • FAX: 813-609-6825



Test Site Preference

Hillsborough Virtual School students are REQUIRED to participate in ALL District and State Mandated Testing (i.e. FAIR, FSA, EOC, etc.) Failure to comply with required testing may result in withdrawal from Hillsborough Virtual School

I would prefer my student attend testing at the following location:

_____ Hillsborough Virtual School
2704 N. Highland Ave.
Tampa, FL 33602

_____ Zoned School
(based on home address of record)

_____ School Name

Parent/Guardian Signature/Date

Student Signature/Date

- If you move during the school year, please notify our office. The address given at registration will be used to determine your student's testing site.
- Testing at the Hillsborough Virtual School office may not be offered for certain tests due to space availability.
- By checking above does not limit you should your preference change.

2704 N. Highland Ave. • Tampa, Florida 33602
Office: Phone: 813-983-7278 • FAX: 813-983-7920
www.online.mysdhc.org



Dear student and family of student:

You applied for full time placement with Hillsborough Virtual School. At this time we cannot accept you into our choice public school program for the 2014-15 academic school year. A variety of factors were taken into consideration with each and every application including:

- Successful completion of semester one coursework; and/or,
 - Prior success as an online student, if applicable;
 - Whether or not services could be provided to promote academic success, if applicable;
 - Eligibility for placement in accordance with Florida State statute 1002.455
- 1002.455 Student eligibility for K-12 virtual instruction.—
- (1) A student may participate in virtual instruction in the school district in which he or she resides if the student meets the eligibility criteria in subsection (2).
- (2) A student is eligible to participate in virtual instruction if:
- (a) The student spent the prior school year in attendance at a public school in the state and was enrolled and reported by the school district for funding during October and February for purposes of the Florida Education Finance Program surveys;
- (b) The student is a dependent child of a member of the United States Armed Forces who was transferred within the last 12 months to this state from another state or from a foreign country pursuant to a permanent change of station order;
- (c) The student was enrolled during the prior school year in a virtual instruction program under s. 1002.45, the K-8 Virtual School Program under s. 1002.415, or a full-time Florida Virtual School program under s. 1002.37(8)(a);
- (d) The student has a sibling who is currently enrolled in a virtual instruction program and the sibling was enrolled in that program at the end of the prior school year;
- (e) The student is eligible to enter kindergarten or first grade; or
- (f) The student is eligible to enter grades 2 through 5 and is enrolled full-time in a school district virtual instruction program, virtual charter school, or the Florida Virtual School.
- (3) The virtual instruction options for which this eligibility section applies include:
- (a) School district operated part-time or full-time kindergarten through grade 12 virtual instruction programs under s. 1002.45(1)(b) for students enrolled in the school district.
- (b) Full-time virtual charter school instruction authorized under s. 1002.33.
- (c) Virtual courses offered in the course code directory to students within the school district or to students in other school districts throughout the state pursuant to s. 1003.498.
- History.—s. 5, ch. 2011-137; s. 5, ch. 2012-192.

Your denial at this point does not necessarily mean that you won't be eligible for the next academic school year. We encourage you to co-enroll with your current method of schooling and Hillsborough Virtual School to begin experience our way of learning.

In the meantime, if you have specific questions about your denied application, please contact one of us directly.

Kristin Campbell, Guidance Counselor K-8, 813-983-7278 x275

Audrey Perry, Guidance Counselor, 9-12, 813-983-7278, x279

Denee Upshaw, Coordinator, 813-983-7278

Tanya Grinnell, Supervisor, 813-983-7278

Thank you for your interest in Hillsborough Virtual School.

Sincerely,

HVS Admissions Committee

Dear Student and Parents:

Welcome to Hillsborough Virtual School!

During the school year 2013 - 2014, if you were:

1) A Hillsborough County public school student:

To complete your enrollment, you will need to come register for our New Student Orientation at <http://tinyurl.com/HVSNewStudentOrientation>. When you come to the New Student Orientation at our Hillsborough Virtual School office located at the DW Waters Career Center at 2704 N. Highland Avenue, Tampa, FL, 33602, please bring the following required documents for registration:

Verification of Parent/Legal Guardian Address (two matching items are required. One may be a government-issued ID if the address matches):

- ☐ Current electric bill
- ☐ Tax receipt or show homestead exemption
- ☐ Contract for purchase of home
- ☐ Warranty deed or lease agreement

(if you are living with a relative, etc., you will need to sign an affidavit to that effect and the person who will provide the verification documentation listed above must come to the registration meeting with their photo ID and their proof of residency.)

Completed Registration Form (attached Form SB45501)

2) A Student in another county or state -or- at a private school -or- home school:

To complete your enrollment, you will need to register for our New Student Orientation at <http://tinyurl.com/HVSNewStudentOrientation>. When you come to the New Student Orientation at our Hillsborough Virtual School office located at the DW Waters Career Center at 2704 N. Highland Avenue, Tampa, FL, 33602, please bring the following required documents for registration :

County Requirements to Register in Public School

Requirements for registration are listed below. A parent must accompany students at registration and bring the proper documents, including a photo ID. The ID is not sufficient for address verification, but is still required as a secondary proof. Students are not required to be at the meeting. Please bring any guardianship paperwork as required. Further information can be found on page two of the district handbook:

<http://www.sdhc.k12.fl.us/assets/pdf/studenthandbook.pdf>

We need the following items for your registration packet:

1. Verification of Parent/Legal Guardian Address (two matching items are required. One may be a government-issued ID if the address matches):

- ☐ Current electric bill
- ☐ Tax receipt or show homestead exemption
- ☐ Contract for purchase of home
- ☐ Warranty deed or lease agreement

(if you are living with a relative, etc., you will need to sign an affidavit to that effect and the person who will provide the verification documentation listed above must come to the registration meeting with their photo ID and their proof of residency.)

2. Authenticated Birth Date of Student (one of the following):

- ☐ Birth Certificate, original
- ☐ Baptismal Certificate

- ☐ Insurance Policy on child in force at least two years
- ☐ Bible record of Birth w/ Parents' Sworn Affidavit
- ☐ Passport or Certificate of Arrival in the US
- ☐ School Records for 4 years showing date of birth

3. Immunization Records

Immunization records must be up-to-date. See Student Handbook for details.

4. Last Report Card/any academic records – We will notify the school of your child's withdrawal.

5. Social Security Card - to verify SSN

6. School Physical - by an approved licensed health care provider or the Hillsborough County Health Department, within twelve months prior to entry of Florida Schools

7. Completed Registration Form (attached Form SB45501)

If you have any questions, please contact one of the people listed below.

- Data Processor, Mrs. Dawnya Thomason: 813-983-7278 x265
- Guidance Counselor K-8, Mrs. Kristin Campbell: 813-983-7278 x275
- Guidance Counselor 9-12, Ms. Audrey Perry: 813-983-7278 x279

Congratulations, again, on your acceptance! We are excited to be a part of your educational journey and look forward to meeting you!

Sincerely,

Hillsborough Virtual School Admissions
813-983-7278

THIS BLOCK FOR SCHOOL USE ONLY

REGISTRATION INFORMATION

_____ Native Hawaiian or Pacific Islander _____ White

Page 1 of 1

School Board

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MaryEllen Elia

Deputy Superintendents
Jeff Eakins
Cathy Valdes

**Assistant Superintendent for
Curriculum and Instruction**
Wynne A. Tye

**Director of Virtual Instruction
Programs**
Christina Russell

6th Grade Math Acceleration Application

Student Name: _____

Student Number: _____

School: _____

Math Teacher: _____

Do you have a computer at home? _____

Do you have internet access? _____

Student Signature: _____

Date: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Parent phone number: _____

Parent e-mail: _____

Virtual Instruction Programs

2704 N. Highland Ave • Tampa, Florida 33602
Office: Phone: 813-983-7278 • FAX: 813-983-7920

Middle School Accelerated Math Initiative

- Schools send out letter/application to eligible students no later than Tuesday, October 21st
- Deadline for students to return completed application – October 24th
- Students create online account and register for class with HVS (see attached brochure)
- School guidance counselor verifies class on VSA dashboard no later than Wednesday, October 29th
- Math SAL will email the list of students (include first and last name of student, name of school and Math SAL name on spreadsheet) to HVS guidance counselor Kristin Campbell no later than the close of business on Wednesday, October 29th
- Students/Parents will be contacted by their HVS instructor, Mrs. Goodrich prior to beginning class on November 3rd
- Deadline for completion of semester 1 & 2 is Thursday, July 16th (Pace Chart provided to parent and student)

Questions or concerns contact:

Tanya Grinnell, Supervisor
(813)983-7278 ext.277

Kristin Campbell, Middle School Guidance Counselor
(813)983-7278 ext.275

Dawn Goodrich, Accelerated Math Teacher
(508) 716-8759



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Denee Upshaw, Coordinator
Innovative Programs



www.sdhc.k12.fl.us
Search GO HVS

2704 N. Highland Ave.
Tampa, FL 33602
Phone: (813) 983-7278
FAX: (813) 983-7920

Hillsborough.virtual@sdhc.k12.fl.us

A Parent's View:

"The communication with her teacher far outweighed what we experienced in her brick and mortar school! I was thrilled with the way things were processed as well as the ease of transitioning into the virtual world!" ~ BC

"Finding out his weaknesses and strengths throughout the curriculum, resetting and reinforcement in order for him to master each area. Resources were great, extra help sites, online books and field trips were creative!! We enjoyed the entire process, great teachers also!" ~SM

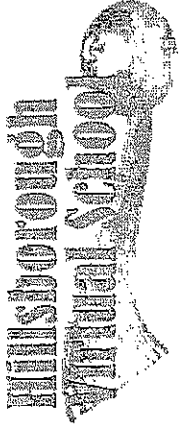
"I love the flexibility of virtual school. The teachers always respond to any issues we have very promptly." ~ KS

"I loved that my daughter's attitude changed for the better. She is more confident in herself and more focused. She actually takes pleasure in learning now." ~ JO

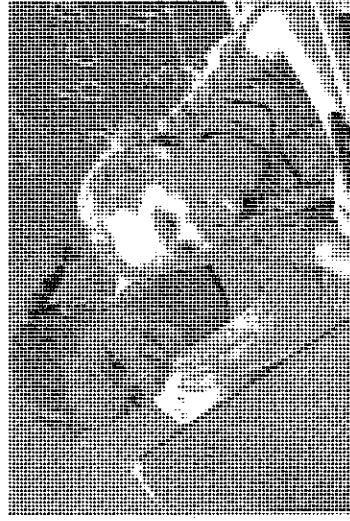
"Seeing my kids understand what I'm trying to teach them. It's the best feeling in the world when their eyes light up with understanding!!" ~ VE

"Virtual Schooling is the best! We were able to gain mastery of basic skills while have a very enriched experience." ~MH

"What I like most is the way my son learns with this program. He is understanding the things that he was struggling with in the classroom. I like the way he can work at his own pace, and spend more time on certain things he has trouble with. He has learned so much with this program so far, and his confidence has really improved because of it." ~LR

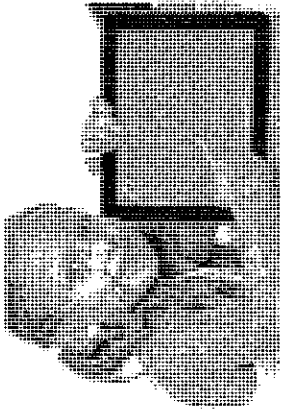


Elementary School Options



www.sdhc.k12.fl.us
Search GO HVS

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Hillsborough.virtual@sdhc.k12.fl.us



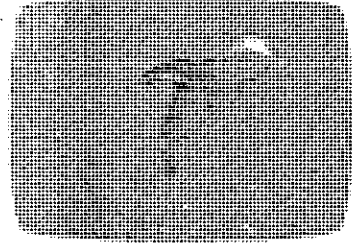
You will need a computer and internet access to participate.

Our program is a full-time and part-time option for Hillsborough County School District students in grades K-5.

- Students entering the full-time program who are K-5 have no eligibility requirements to meet.
- Students considering part-time, or co-enrollment, who are K-1 have no eligibility requirements.
- Students considering part-time, or co-enrollment, who are grades 2-5 must meet one of the eligibility requirements as outlined by Florida Statute s. 1002.455:

- Prior year in a Florida public school;
- Sibling of virtual student(s) enrolled in current and end of previous year;
- Military dependents who moved to FL in past year;
- Student enrolled in a district virtual, charter, or FLVS program.

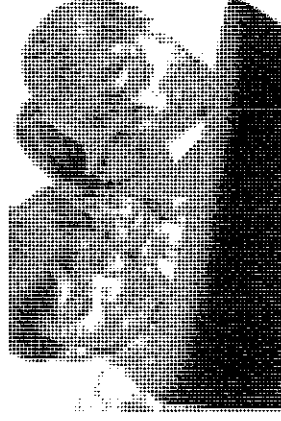
In partnership with Compass Learning, our highly-qualified Hillsborough County teachers blend Odyssey online activities with district provided curriculum to deliver subject content. All the work is online through educational activities, quizzes, tests, animation, games, and projects - all appropriately styled for your student. The curriculum also offers offline activities to reinforce concepts being taught. Although the curriculum is delivered online through our web-based program, parents play an integral part in the facilitation of their child's learning process. Parents are considered the learning coach and will be there to facilitate the daily schedule. Students are required to participate in State and District mandated testing. Since our teachers are local Hillsborough County teachers, we also offer field trips where our students connect and become classmates.



*Winter the dolphin.
Clearwater Aquarium
field trip*

HILLSBOROUGH VIRTUAL (HVS) ELEMENTARY SCHOOL

- Grades K - 5
- Facilitated by parent as "learning coach"
- School-at-home
- Support by Highly Qualified Hillsborough County teachers
- Field trips



OTHER DISTRICT OPTIONS FOR GRADES K-12:

Contact the Hillsborough Virtual
School office at
813-983-7278

or

Hillsborough.virtual@sdhc.k12.fl.us



Hillsborough Virtual School (HVS) offers online courses to students in Hillsborough County in a variety of ways:

Full-Time HVS Students: This is a public school option. Students are required to take a full schedule, stay on pace, and follow the pupil progression plan for the district. As with other public schools, students are required to participate in all state/district mandated assessments. Additionally, students can earn a Hillsborough County high school diploma.

Co-enrolled: Students are enrolled in other schools (public or private) and take classes online – during or in addition to their school day. Class selection and verification is handled by the guidance counselor at the student's physical school.

Home Education students: Families who file a "Letter of Intent to Home Educate" may use HVS to fulfill curriculum needs. Contact the district Home Education office if the number of courses needed exceeds six.



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Innovative Programs

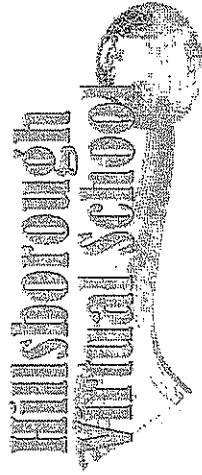
Denee Upshaw, Coordinator
Innovative Programs



www.sdhc.k12.fl.us
SEARCH "Go HVS"

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Tampa, FL 33610
Phone: (813) 983-7278
FAX: (813) 983-7920

Hillsborough.virtual@sdhc.k12.fl.us



MIDDLE AND HIGH SCHOOL OPTIONS

www.sdhc.k12.fl.us
SEARCH "Go HVS"

2704 N. Highland Ave.
Tampa, FL 33610
Phone: (813) 983-7278
FAX: (813) 983-7920

Hillsborough.virtual@sdhc.k12.fl.us



How to Enroll:

1. Go to www.myhvs.net.
2. Follow the directions to create a new account or login with an existing one.
For New Accounts:
 - Choose Hillsborough as your county.
 - Choose your student type as "Public/Charter" if you are co-enrolled or registered with Hillsborough Virtual School full-time.
 -OR-
 - Choose "Home School" if you submitted the "Letter of Intent to Home Educate" to the school district Home Education office.
3. Next, pick your classes with help from a parent/guardian and/or guidance counselor.
 - DISTRICT FRANCHISE: Hillsborough
 - START DATE: Choose the date of the start of the semester (August for fall, January for Spring) For full-year courses register segment 1—start date in August and segment 2 start—date in January
 - For new accounts: after choosing your first class, complete the account set up process before completing your course selections.
4. Parents/guardians will create or login to their Guardian Account.
 - HVS Guidance will verify class(es) for all full-time HVS students.
 - Physical School guidance will verify class(es) for co-enrolled students.
 - Parents/guardians of Home Education students will verify class(es).
5. HVS will assign a teacher, who will contact student for a Welcome Call prior to activation of class(es).

Create New Student Account

Existing Student/Parent Account

Parent/Guardian Account

To create a New Parent Account

How to Enroll

1 For Existing Student Accounts: from your dashboard choose request new courses

2 For New Student Accounts: choose Hillsborough and student type. Follow instructions to create account and select courses

3 Choose segment, Hillsborough Virtual Franchise and start date.

4 Which Segment(s)/Semester(s) do you want to take?

5 Which Segment(s)/Semester(s) do you want to take?

Create New Student Account

Existing Student/Parent Account

Parent/Guardian Account

To create a New Parent Account

How to Enroll

1 For Existing Student Accounts: from your dashboard choose request new courses

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Superintendent of Schools
MaryEllen Elia

Deputy Superintendents
Jeff Eakins
Cathy Valdes

Assistant Superintendent for
Curriculum and Instruction
Wynne A. Tye

Director of Virtual Instruction
Programs
Christina Russell

March 16, 2015

Dear Parent/Guardian of _____

Congratulations! Your student has qualified for the accelerated math track for current 6th grade students by excelling in the area of mathematics. This program will allow your student to enroll in 7th grade advanced math online through Hillsborough Virtual School, while simultaneously taking their current 6th grade advanced math course at school. Successful completion of the online 7th grade course will allow your student to enroll in Algebra 1 Honors as a 7th grader and Geometry Honors as an 8th grader. Both of these courses are honors level high school credit classes.

The selection process consisted of the following criteria:

- Level 4 or 5 on FCAT math
- NRT score
- Performance in current math course
- Teacher recommendation

This accelerated math program is completely voluntary. Students who apply for this opportunity must be self-motivated, seek an additional challenge in math, and be willing to take on the additional rigorous course work. You will need to have access to a computer and the internet to take the course. You will also be communicating by phone on a regular basis with the course instructor. The responsibility of successful online course completion will be placed on the student and parent. Upon completion of the program, your student will be placed in Algebra 1 Honors as a 7th grader for the 2015-16 school year if the following criteria are met:

- Online course is completed by July 16, 2015
- Final course grade of a B (80%) or higher

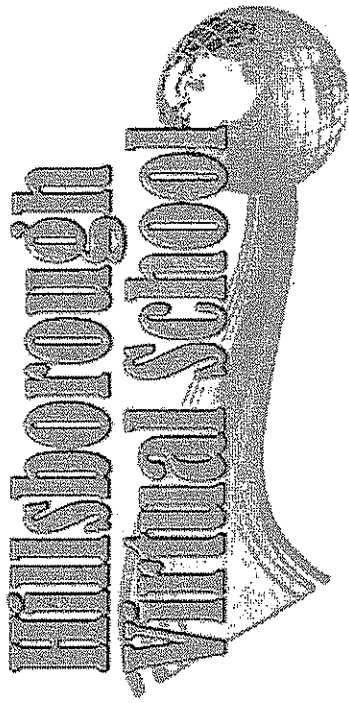
If you and your student are interested in this opportunity, please complete the attached application and return to your child's math teacher by Friday, October 24th. Upon receipt of your application your student will be enrolled in HVS and you will be contacted by the online course teacher.

Sincerely,

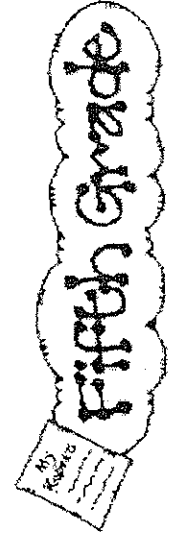
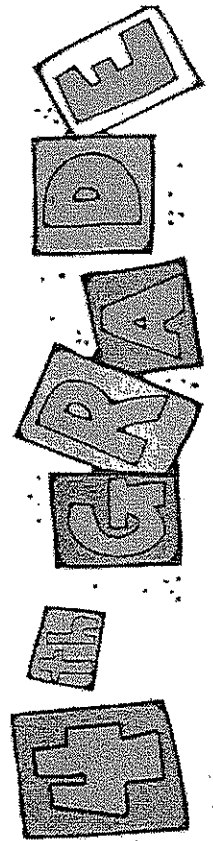
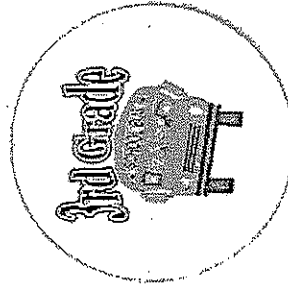
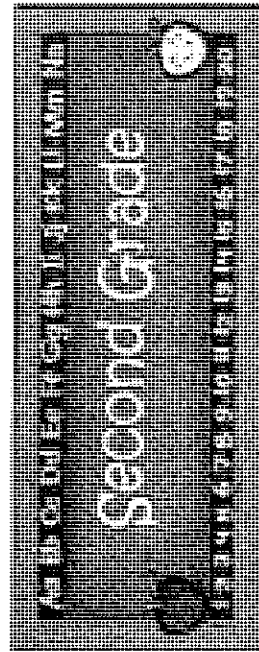
Ms. Smith
Math Coach
XXX Middle School

Virtual Instruction Programs

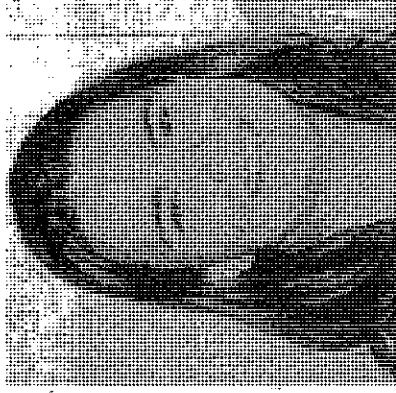
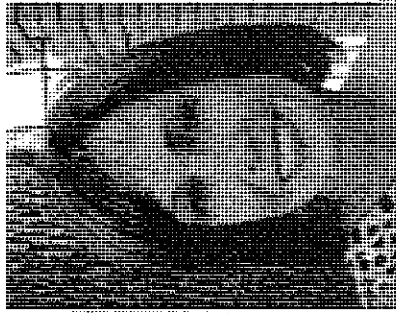
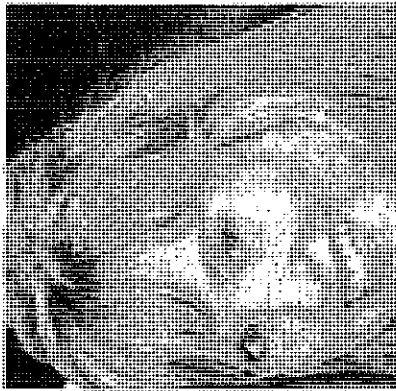
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KINDERGARTEN FIRST GRADE

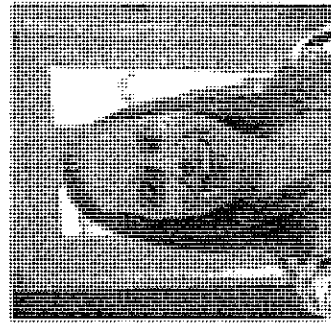


MEET YOUR TEACHERS

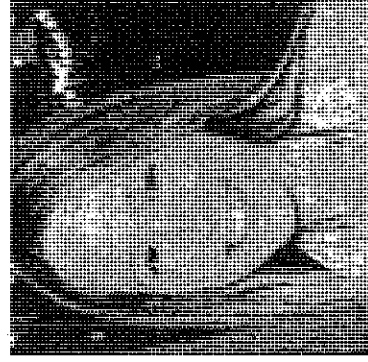


Mrs. Moore & Mrs. Misemer
KG, 1st and 2nd

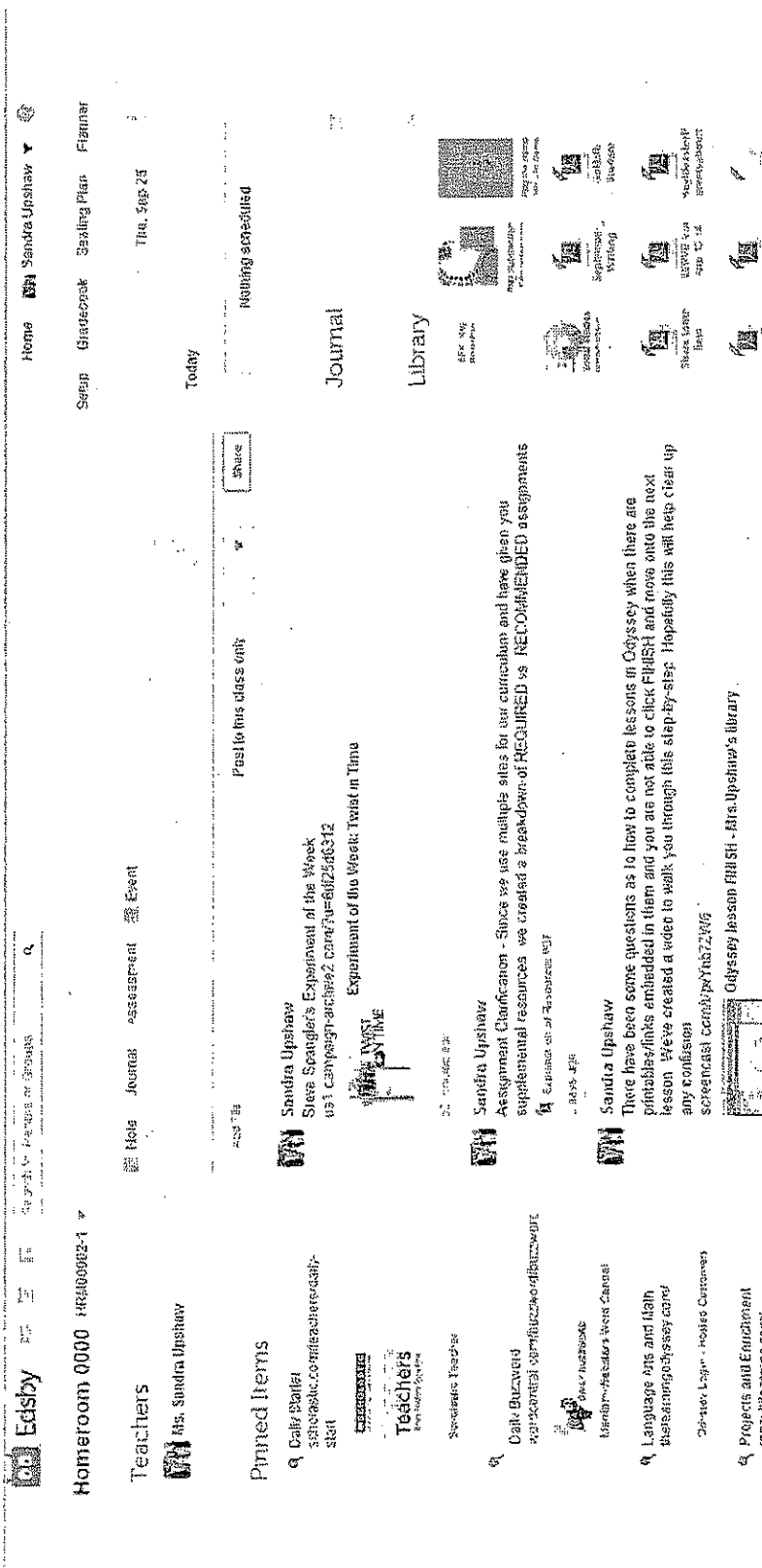
Mrs. Thomas
4th

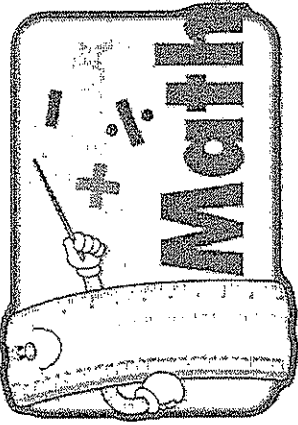


Mrs. Johns
3rd

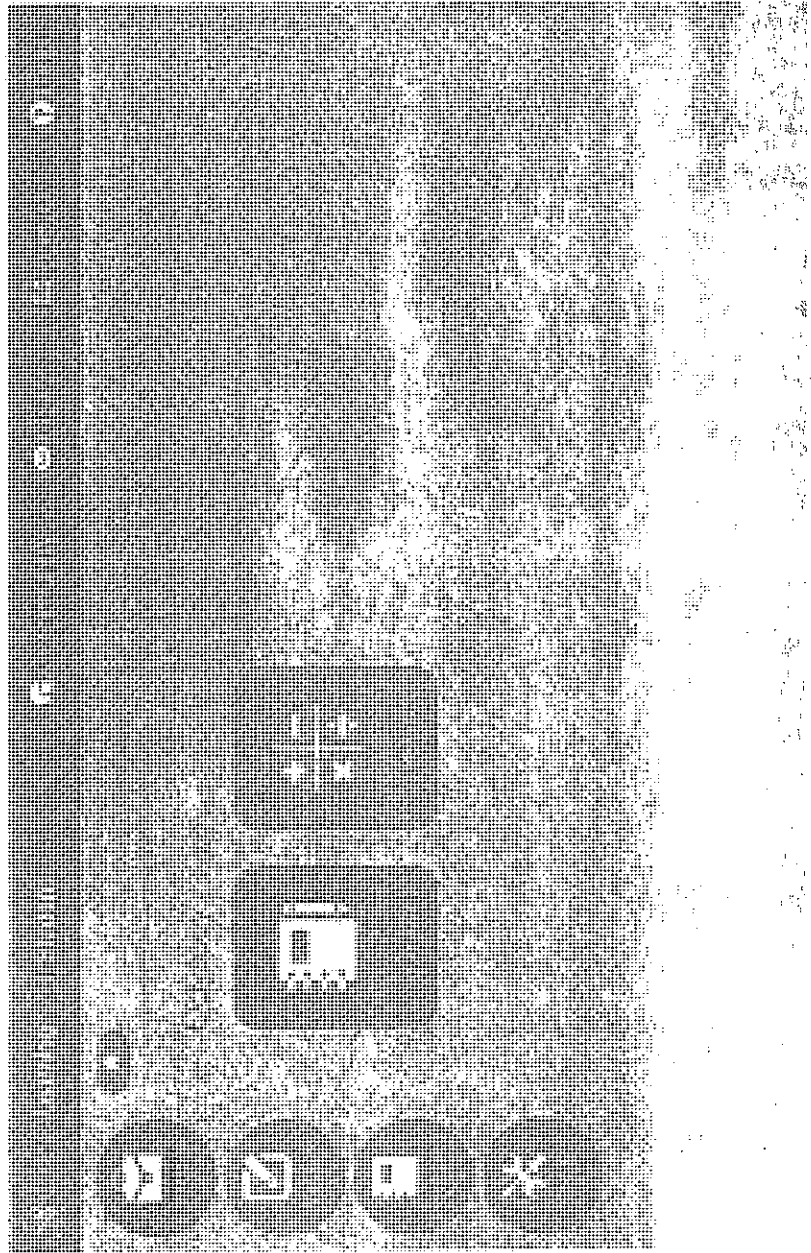


Mrs. Moore
5th

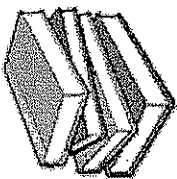




Corpus Learning
ODYSSEY

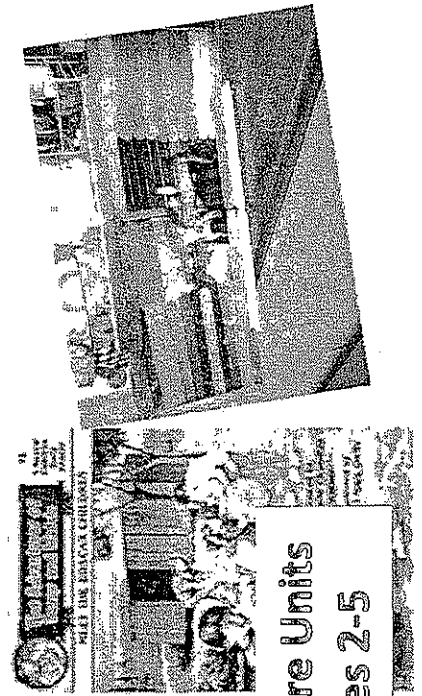
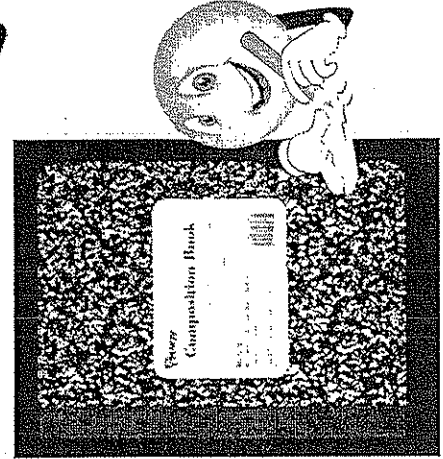
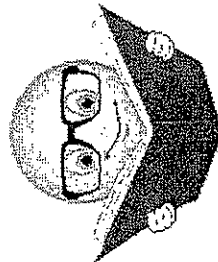
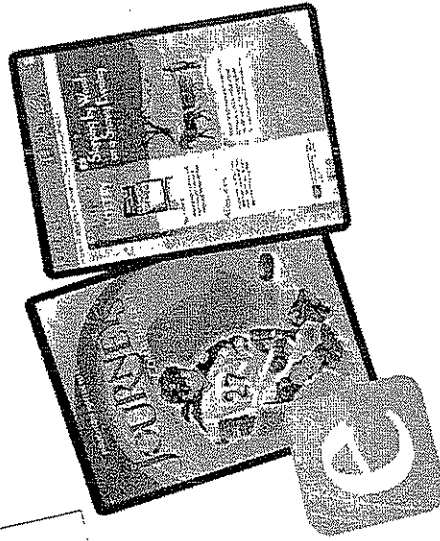
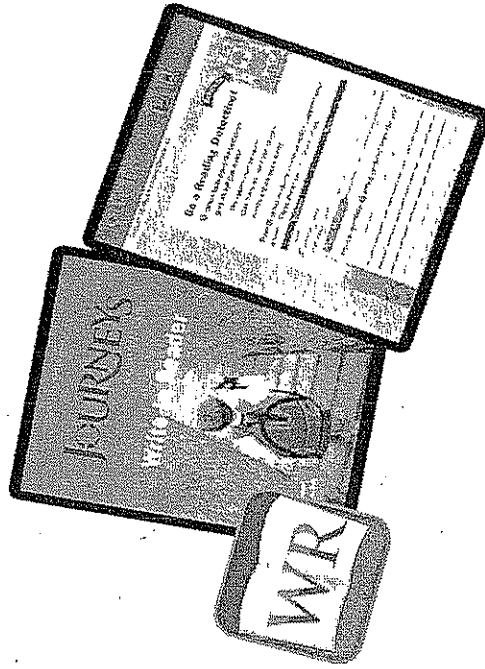


Language Arts

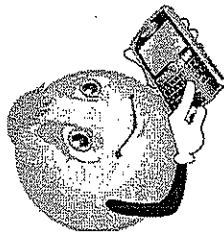
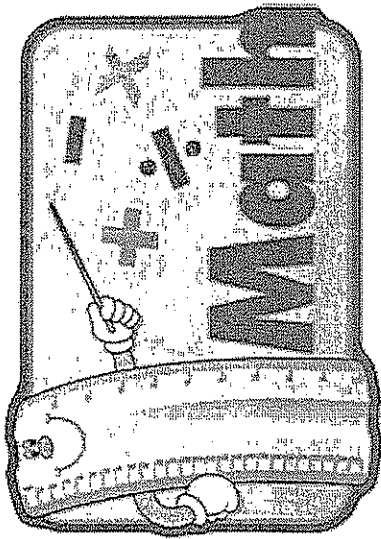


Language Arts: Reading and writing for 120 minutes/day

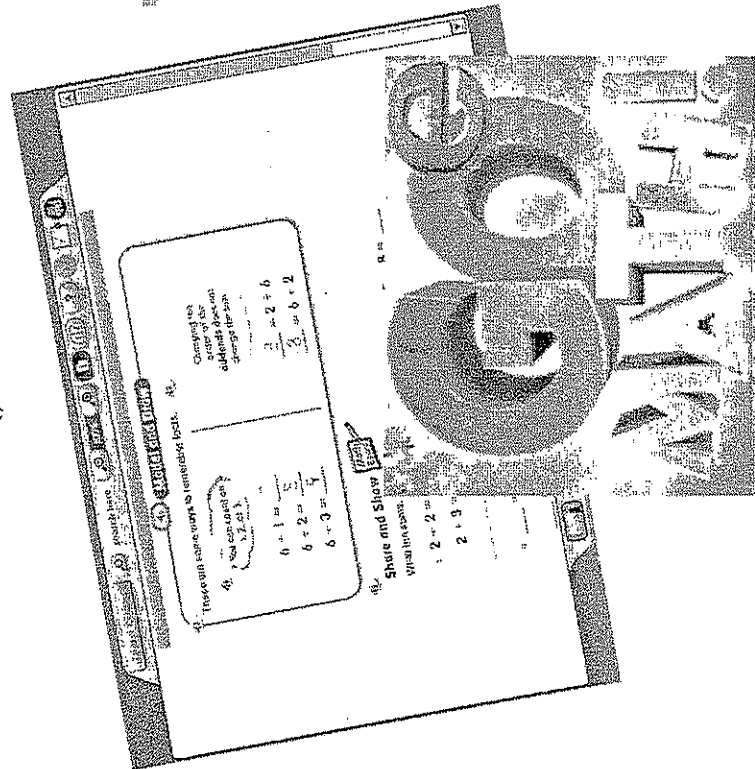
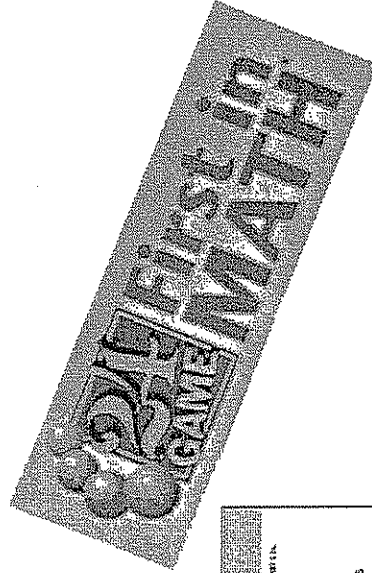
PBL
4th Quarter



Literature Units
Grades 2-5



Math – 60 minutes/day



Group Tens as Hundreds

Write how many tens. Circle groups of 10 tens.
Write how many hundreds. Write the number.

1. _____ tens _____ hundreds

2. _____ tens _____ hundreds

3. _____ tens _____ hundreds

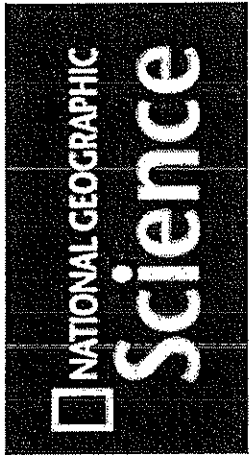
PROBLEM SOLVING

Solve. Write or draw to explain.

8. Farmer Gray has 30 flowers plus 10 seeds in each pot. How many seeds does he plant?

_____ seeds

Chapter 2



Science –60 minutes per week

Chapter 1

HOW DO PLANTS

LIVE AND GROW?

Plants are alive! Unlike animals, plants cannot move from place to place on their own. But like all living things, plants grow and change. These flowers need sunshine to grow. What other things do these plants need to live?

TECHTREC
myNG.com/EE/EE001

PLANT

Grades 3-5

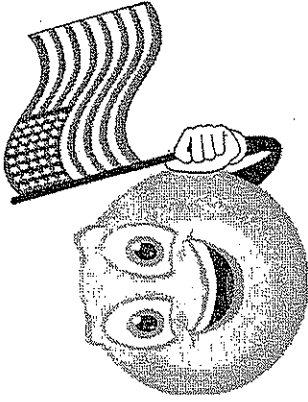
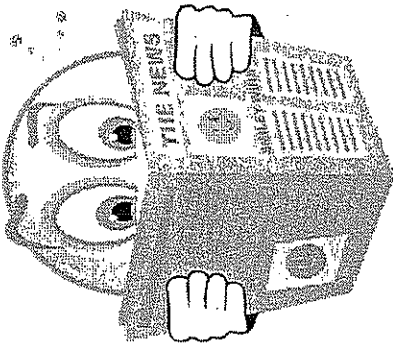
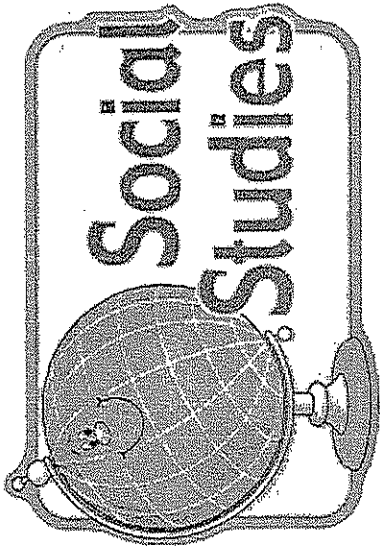
Science 4us .com

Grades K-2

Composition Book

Ahah!

Grades 3-5



Social Studies – 60 minutes per week

Who We Are as Americans

Unit 1: Our World
Lesson 1: Using Maps

Go!

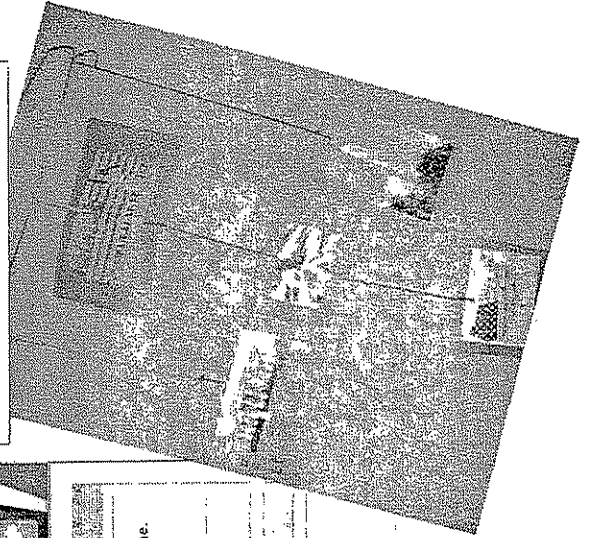
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Messages





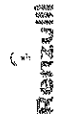


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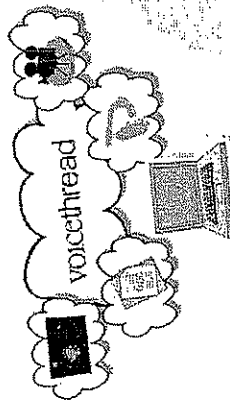
PBL
3rd Quarter

How Many



My Passwords

Program	Website	User name	Password
 ODYSSEY Learning	https://www.thelearningodyssey.com/		
 Edsby	https://sdlc.edsby.com/		
 THINK Central	https://www-k6.thinkcentral.com/ePC/start.do		
 Mc Graw Hill	http://connected.mcgraw-hill.com/connected/login.do		
 Renzi	http://renzilllearning.com/		
 myOn	http://www.myon.com/login/ <small>My On is a company of LEARNING TECHNOLOGIES, INC. 10000 Hillside Drive, Suite 100, San Diego, CA 92108</small>		
 NATIONAL GEOGRAPHIC	http://www.mvngconnect.com/login/student/textLogin/login.spr		



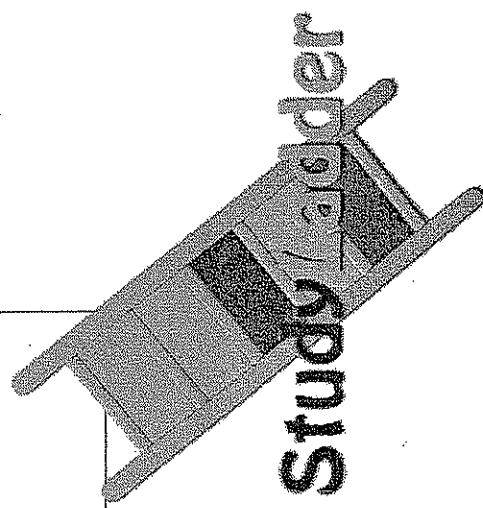
TEN
MARKS
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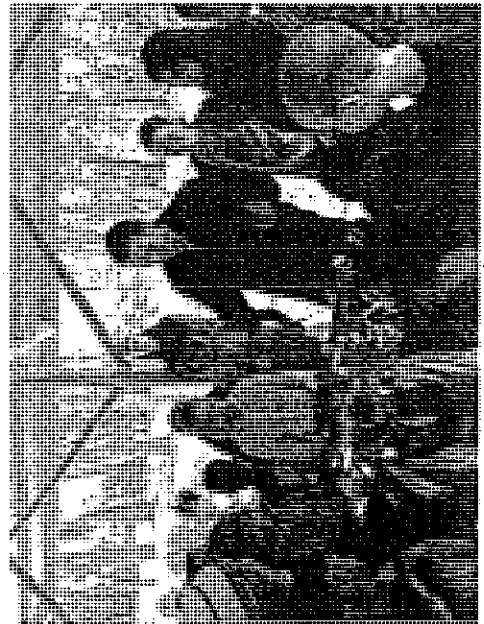
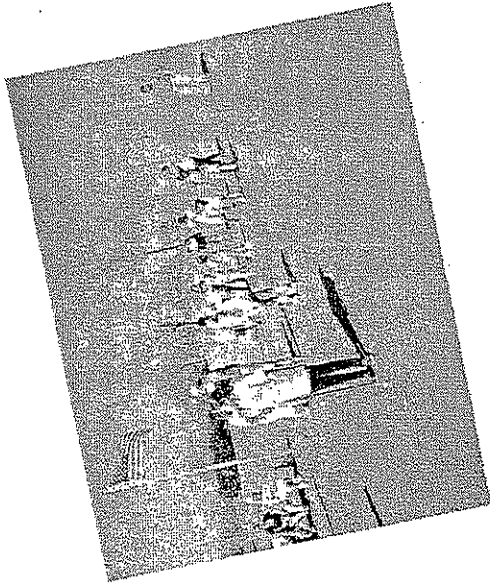
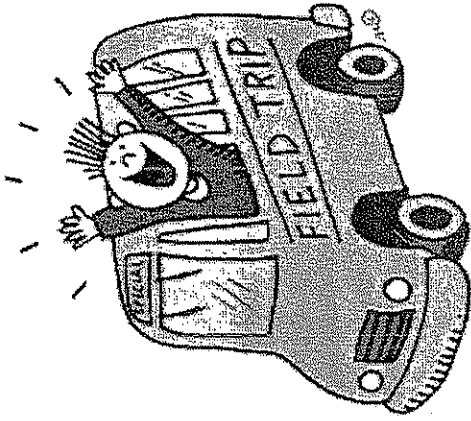
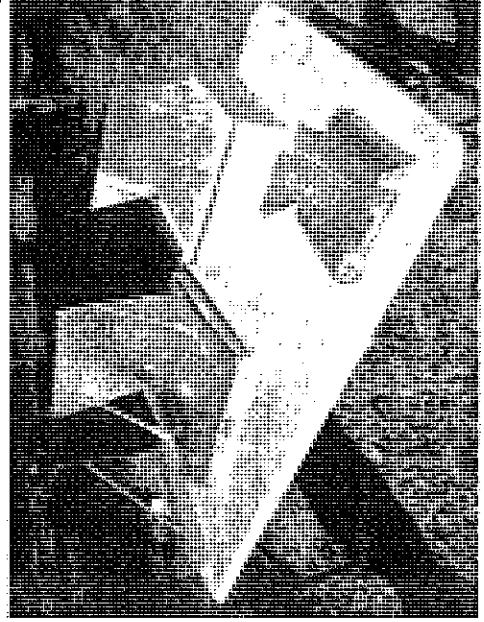
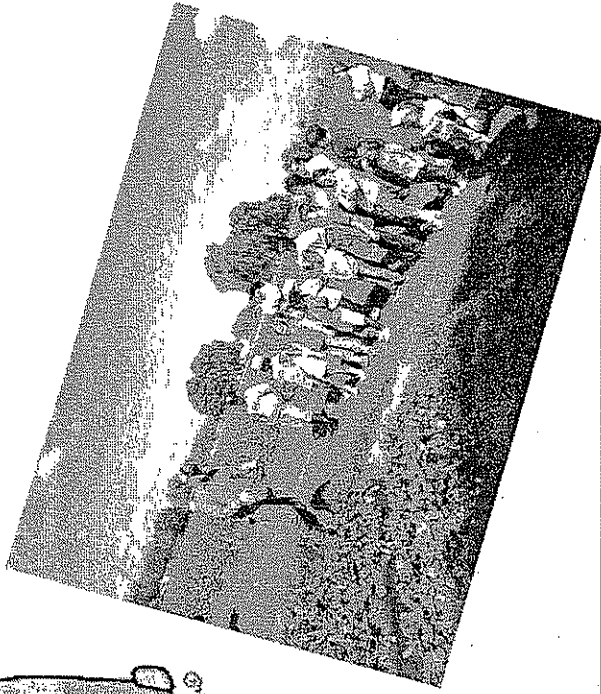
LEARN
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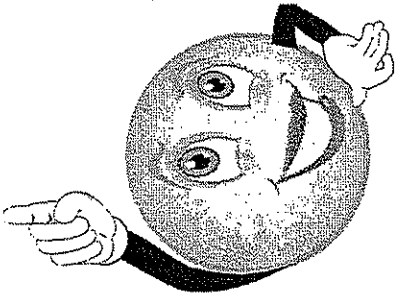
SAFARI
MONTAGE

Glogster
poster yourself

illuminate

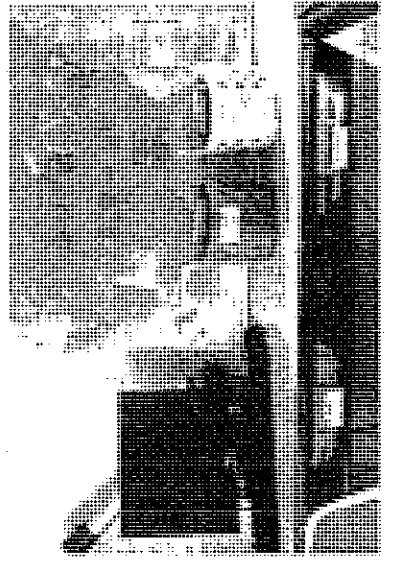
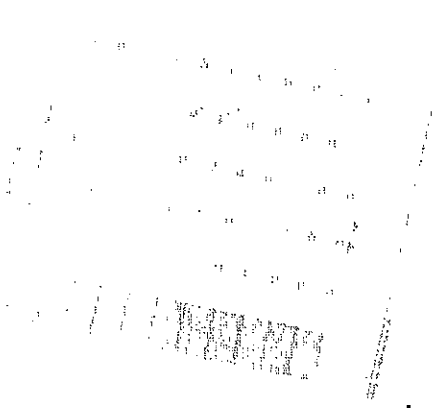
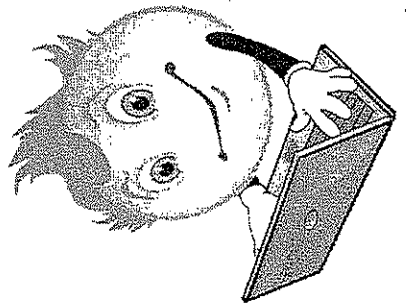


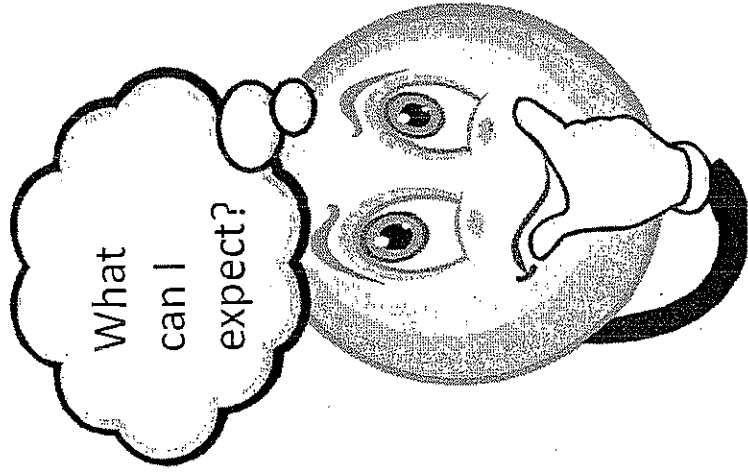




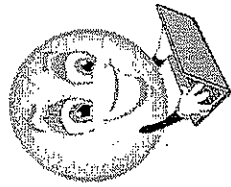
What do effective Learning Coaches do?

- ✓ Creates a daily schedule that works for their family
- ✓ Has a designated work area and supplies available
- ✓ Communicates with teachers about progress or problems
- ✓ Assists student in submitting any required projects or enrichment activities
- ✓ Monitors the quality and effort of student work
- ✓ Is an active participant in their child's daily educational routine
- ✓ Takes advantage of extension activities, field trips, and supplemental programs to deepen their child's learning
- ✓ **Ensures that their child is present for mandatory state and district testing**





- ❖ Welcome call
- ❖ First week of school:
 - Daily roll out of each program
- ❖ Upcoming Field Trips
- ❖ FAIR testing – Monday, Jan. 26 – Tuesday, Jan. 27
- ❖ HVS Parent Group
- ❖ 4th and 5th graders – opportunity for NEHS in Spring



Supply list

Our students work both "offline" and "online" and will need supplies for both school work experiences.

Traditional school supplies needed to work "offline":

2 Journals (Writing and Science - Composition or spiral)

Pencils

Pens

Sticky notes

Crayons

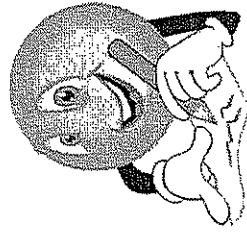
Scissors

Glue sticks

Notebook paper

Copy paper

Books needed for Literature Units: (one per quarter -- to be announced)

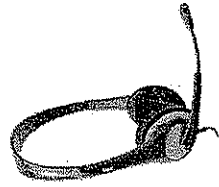


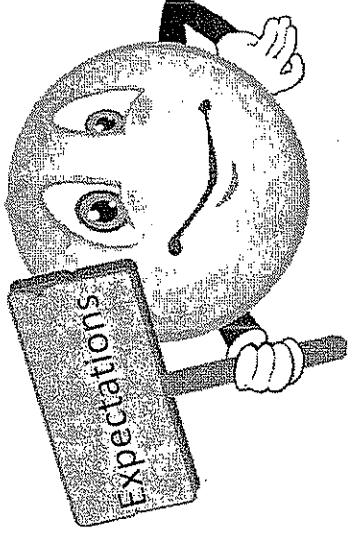
Virtual school supplies needed to work "online":

Headphones/microphones

There are a variety of styles and price points. They are available at discount and office supply stores. Students will need these to participate in LIVE lessons throughout the year.

Example:





- ✓ Attendance – daily login/weekly progress through lessons – notify teacher of absences
- ✓ Submission of required assignments or projects (Literature Units, Tests, checkpoints)
- ✓ Monthly call/check in with teacher
- ✓ 4 week grace period at beginning of semester to demonstrate sufficient academic progress or risk being administratively withdrawn from the program and required to register with another school (zoned or private).
- ✓ Mandatory State/District Testing
 - ☐ SAT/AIR (replacing FCAT) at neighborhood school
 - ☐ FAIR FS (replacing FAIR) – K-5 face-to-face 3x's per year at HVS office – portfolio check with teacher (notebooks/workbooks/specific assignments to be reviewed by teacher for progress monitoring)
- ✓ Non-compliance with curriculum pacing, attendance, and mandatory testing/checkpoints will be at risk for withdrawal from the program.

School Board

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Susan L. Valdes, Vice Chair
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Superintendent of Schools
MaryEllen Eila

Deputy Superintendents
Jeffrey Eakins
Cathy Valdes

**Assistant Superintendent for
Curriculum and Instruction**
Wynne A. Tye

**Director of Virtual Instruction
Programs**
Christina Russell

May 14, 2014

To: Denee Upshaw, Coordinator, Innovative Programs
From: Christina Russell, Director, Virtual Programs

Responsibilities of Coordinator for Home Education:

- Oversee the daily operations of Home Education
- Hold monthly attendance meetings for homeschoolers (identified with issues)
- Check all home school evaluations (approximately 8,000 enrolled in Home Education)
- Follow-up on "out of compliance" students (evaluations, attendance, etc.)
 - ✓ Refer to attendance
 - ✓ Refer to social worker

Responsibilities of Coordinator for Virtual School:

- Assist in the daily oversight of HVS
 - Collaborate with other district personnel
 - Assist with teacher workshops and in-service training
 - Assist with Teacher's walk-throughs online
 - ✓ SIP plan
 - Reading plan (new) ✓
 - Assist in Coordinating parent informative meetings/open house/conference nights, etc.
 - ✓ Assist in Coordinating marketing
 - Assist w/master schedule teacher and student assignment
 - (Liaison to Brandon Alternative & North Tampa Alternative)
 - ✓ Site visits
 - ✓ Scheduling/student placement
 - Liaison to co-enrolled programs (elementary gifted)
 - ✓ Site visits
 - ✓ Scheduling/student placement
 - Maintain working knowledge of legislation, policies and procedures
 - ✓ Home Education and Virtual
 - Assist with testing as needed —
 - Monitor attendance
 - ✓ Requirement for virtual programs ✓
- Maintaining web communications for all full/part-time virtual students (new) ✓
- ✓ Open Ideas (updates/revisions/monitor) ✓ *Sajani Montague*
 - ✓ Liaison to Internal Communications (update website, applications, etc.) ✓
 - Other duties as assigned

Virtual Instruction Programs
1202 E. Palm Ave. • Tampa, Florida 33605
Office: Phone: 813-273-7201 • FAX: 813-273-7204



Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

JOB DESCRIPTION

Title: Coordinator, Innovative Programs
Job Code: 10175

FLSA Status: Exempt, Administrative
Class: Administrative
Job Family: Instruction
Division: Curriculum and Instruction
Salary Schedule: Administrative Y01 plus benefits
Bargaining Unit: 03, HASA Administrators

Board Approved Date: September 8, 2008
Revised Date: February 8, 2013

SPECIFIC ASSIGNMENT: The Coordinator of Innovative Programs is responsible for the assisting in the daily operation of Hillsborough Virtual School, assist with the FLDOE compliance requirements for Home Education, curriculum and training Hillsborough Virtual teachers, and provide assistance to the Manager of Innovative Instructional Programs.

SPECIFIC DUTIES:

Assist in the daily oversight and operation of Hillsborough Virtual School.

Collaborate with district staff, school-based administrators, department heads/subject area leaders, and teachers in developing instructional materials, implementing district wide and school based online curriculum, and upgrading the instructional programs.

Maintain a working knowledge of statutory and proposed legislation directly related to virtual education, home education and provide professional counsel.

Provide communication and articulation of the programs at all levels.

Coordinate instructor training and professional development.

Supervise the implementation of all state assessments for full-time virtual students.

Review contracts of current curriculum providers and make recommendations of changes, additions, and/or deletions.

ESSENTIAL DUTIES & RESPONSIBILITIES include the following. Other duties and/or projects may be assigned.

Coordinate activities and workload in the office.

Assist with the development and delivery of training and on-going assistance.

Oversee use of department budget and assure availability of appropriate supplies for personnel.

Assist with the organization, management, and coordination of the operations of the department.

Serve as a liaison between the School District and various community groups and agencies.

Provide status reports and projections.

Title: Coordinator, Innovative Programs
Job Code: 10175

Oversee the daily operations of the department, including assignment of work to personnel and monitoring the quality of work accomplished.

Maintain a program of good public relations through cooperation with other district and school level personnel, and through participation in appropriate local, state, and national organizations.

Perform any other duties as assigned.

COMPETENCIES: The following competencies are representative of specific skills, abilities, and attributes that must be demonstrated to perform this job successfully.

Cost Consciousness - Works within approved budget. Conserves organizational resources. Develops and implements cost saving measures. Contributes to profits and revenue.

Managing People - Provides direction and gains compliance. Includes subordinates in planning. Takes responsibility for subordinates' activities. Is available to subordinates. Provides regular performance feedback. Develops subordinates' skills and encourages growth.

Planning & Organization - Prioritizes and plans work activities. Uses time efficiently. Plans for additional resources. Integrates changes smoothly. Sets goals and objectives. Works in an organized manner.

Project Management - Develops project plans, Coordinates projects. Communicates changes and progress. Completes projects on time and budget. Manages project team activities.

Quality Management - Fosters quality focus in others. Sets clear quality requirements. Measures key outcomes. Solicits and applies customer feedback. Improves processes, products, and services.

QUALIFICATIONS: The requirements listed below are representative of the knowledge, skill, and/or ability required to perform this job successfully.

Education: A master's degree. Degree or formal training in Educational Leadership preferred.

Experience: Three years of increasingly responsible experience in classroom teaching, with two years of related management or supervisory experience preferred. Online or virtual experience preferred.

Certificates/Licenses/Registrations: Florida Professional Educator Certificate: Educational Leadership, School Principal, or Administration and Supervision. An appointee who possesses subject area certification but does not possess the appropriate administrative certification will be given four (4) years from the date of appointment to obtain the appropriate administrative certification or complete the Developing District Leader (DDL) program.

Language Skills:

Read and interpret general business and professional journals, technical procedures, or regulations. Write reports, correspondence, and manuals. Effectively present and respond to questions from managers and the public.

Mathematical Skills:

Calculate figures and amounts such as discounts, interest, commissions, proportions, percentages, area, circumference, and volume. Apply concepts of basic algebra and geometry.

Reasoning Ability:

Solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

Title: Coordinator, Innovative Programs
Job Code: 10175

Computer Skills: Microsoft Office.

PHYSICAL DEMANDS:

This position requires the following physical activities: standing, walking, sitting, handling, keyboarding, talking, and hearing.

This position requires the following lifting demands: Negligible weight.

This position requires the following reaching activities: both dominant and non-dominant hand; Overhead.

This position involves the following environmental conditions: Noise Intensity 3: moderate.

OTHER REQUIREMENTS: This position requires traveling to various school sites, work locations and/or community organizations throughout the district.

SUPERVISORY EXPECTATIONS:

Manage assigned clerical staff and subordinate professional personnel in one or more sections of the department. Take responsibility for the overall direction, coordination, and evaluation of assigned teams. Carry out supervisory responsibilities in accordance with the district's policies and applicable state and federal laws. Responsibilities include interviewing, hiring, and training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

DISTRICT EXPECTATIONS: All employees are expected to demonstrate regular and predictable attendance; to support the District's vision, mission, goals, and Strategic Plan; to engage in civility, respect, and professionalism; and to maintain the professional knowledge and skills necessary to perform the essential duties and responsibilities of their positions.

NOTE: School Board Policy ensures equal opportunity for all in its personnel policies and practices and does not discriminate on the basis of race, color, sex, religion, national origin, marital status, disability or age.

The district accords preference in selection, retention, and promotion procedures to certain veterans and spouses of veterans who are Florida residents.



Interoffice Communication

Division of Curriculum and Instruction



Date: May 16, 2014
To: Tanya Grinnell, Supervisor for Innovative Programs
From: Christina Russell, Director Virtual Programs
Subject: Responsibilities for the Supervisor for Innovative Programs

COPY

- The Supervisor for Innovative Programs oversees the daily operations of the district's virtual programs and Hillsborough Virtual School; four individual sites (7023, 7001, 7004, and 7006).

This includes but not limited to the following:

- Impact/credit recovery programs (currently not assigned to supervisor)
- The blended learning labs at 2 alternative education site and any expansion (currently not assigned to supervisor)
- All co-enrolled district partnerships
- FLVS franchise meetings as mandated by contract
- Communication with contracted services
- Communication with FLDOE and district personnel related to virtual curriculum
- Assist in teacher walk-throughs (minimum 2x per year) and teacher annual evaluations
- Assist with HVS clerical evaluations
- New teacher training/induction
- Professional development
- Assist in scheduling all school academic events (Testing, open house/meet & greets, PU, progress reports, faculty meeting, etc.)
- Preparing FTE
- Oversee Registration
- Student applications
- Student schedules
- Assist in creating the Master schedule
- IEPs, EPs, ELL requirements are met
- Graduation
- Maintaining the HVS website
- Other duties as assigned

I have made every effort to identify the daily responsibilities of your job titled. However, as a district level employee in a supervisory role, other responsibilities and expectations will arise. Those unforeseen tasks and those listed above will be done in conjunction with the Director for Virtual Programs, the Coordinator for Innovative programs and other HVS faculty and staff when appropriate.



Hillsborough County
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JOB DESCRIPTION

Title: Supervisor, Innovative Programs
Job Code: 12014

FLSA Status: Exempt, Administrative
Class: Managerial
Job Family: Instruction
Division: Curriculum and Instruction
Salary Schedule: Administrative Y04 plus benefits
Bargaining Unit: 03, HASA Administrators

Board Approved Date: June 10, 2003
Revised Date: November 8, 2013

SPECIFIC ASSIGNMENT: The Supervisor of Innovative Programs is responsible for the administrative oversight and daily operation of Hillsborough Virtual School, the implementation of the IMPACT program, curriculum and training at all secondary school sites including career centers, and provides assistance to the Director of Virtual Instruction Programs.

SPECIFIC DUTIES:

Supervise all daily oversight and operation of Hillsborough Virtual School.

Collaborate with district staff, school-based administrators, department heads/subject area leaders, and teachers in developing instructional materials, implementing district wide and school-based online curriculum, and upgrading the instructional programs.

Maintain a working knowledge of statutory and proposed legislation directly related to virtual education and provide professional counsel.

Provide communication and articulation of the programs at all levels.

Coordinate instructor training and professional development.

Supervise the implementation of all state assessments for full-time virtual students.

Review contracts of current curriculum providers and make recommendations of changes, additions, and/or deletions.

ESSENTIAL DUTIES & RESPONSIBILITIES include the following. Other duties and/or projects may be assigned.

Assist administrative, supervisory, and site-based personnel by developing and implementing instructional programs, demonstrating appropriate teaching methods and use of materials, monitoring curriculum and identifying instructional materials.

Serve as an advocate for the specified site and/or program/project at the district-level and as a liaison between the district, site, and the community.

Provide curricular and/or program support and assistance to district staff, site administrators, teachers, instructional coaches, resource teachers, and other site-based personnel.

Provide relevant professional development workshops and/or training programs to assist appropriate instructional staff in updating their skills and increasing their knowledge base.

Title: Supervisor, Innovative Programs
Job Code: 12014

Attend relevant meetings including professional conferences and chair or serve on committees related to appropriate academic area, programs/projects, and/or specified curriculum.

Provide on-site support to administrators with teacher observations and evaluations, program implementation and evaluation of program effectiveness.

Aid in the objective evaluation of both established and innovative programs to assess the effectiveness of materials, the methodology used in the program and the educational growth of the learner.

Assist district staff and site personnel in interpreting student test scores and recommending prescriptive materials and techniques to improve student performance.

Perform any other duties as assigned.

COMPETENCIES: The following competencies are representative of specific skills, abilities, and attributes that must be demonstrated to perform this job successfully.

Achievement Focus - Sets and achieves challenging goals. Demonstrates persistence and overcomes obstacles. Measures self against standard of excellence. Recognizes and acts on opportunities. Takes calculated risks to accomplish goals.

Communications - Expresses ideas and thoughts verbally. Expresses ideas and thoughts in written form. Exhibits good listening and comprehension. Keeps others adequately informed. Selects and uses appropriate communication methods.

Job Knowledge - Competent in required job skills and knowledge. Exhibits ability to learn and apply new skills. Keeps abreast of current developments. Requires minimal supervision. Displays understanding of how job relates to others. Uses resources effectively.

Judgment - Displays willingness to make decisions. Exhibits sound and accurate judgment. Supports and explains reasoning for decisions. Includes appropriate people in decision making process. Makes timely decisions.

Leadership - Exhibits confidence in self and others. Inspires respect and trust. Reacts well under pressure. Shows courage to take action. Motivates others to perform well.

QUALIFICATIONS: The requirements listed below are representative of the knowledge, skill, and/or ability required to perform this job successfully.

Education: A master's degree. Degree or formal training in Educational Leadership preferred.

Experience: Three years of increasingly responsible experience in classroom teaching, with three years of related management or supervisory experience preferred. Online or virtual experience preferred.

Certificates/Licenses/Registrations: Florida Professional Educator Certificate: Educational Leadership, School Principal, or Administration and Supervision. An appointee who possesses subject area certification but does not possess the appropriate administrative certification will be given four (4) years from the date of appointment to obtain the appropriate administrative certification or complete the Developing District Leader (DDL) program.

Language Skills:

Read and interpret general business and professional journals, technical procedures, or regulations. Write reports, correspondence, and manuals. Effectively present and respond to questions from managers and the public.

**Title: Supervisor, Innovative Programs
Job Code: 12014**

Mathematical Skills:

Work with math concepts such as probability and statistical inference, and fundamentals of geometry and trigonometry. Apply concepts such as fractions, percentages, ratios, and proportions to practical situations.

Reasoning Ability:

Solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

Computer Skills: Microsoft Office

PHYSICAL DEMANDS:

This position requires the following physical activities: standing, walking, sitting, handling, keyboarding, talking, and hearing.

This position requires the following lifting demands: Up to 10 pounds.

This position requires the following reaching activities: Both dominant and non-dominant hand; Overhead

This position involves the following environmental conditions: Noise Intensity 3: moderate.

OTHER REQUIREMENTS: This position requires traveling to various school sites, work locations and/or community organizations throughout the district.

SUPERVISORY EXPECTATIONS:

Manage assigned clerical staff and subordinate professional personnel in one or more sections of the department. Take responsibility for the overall direction, coordination, and evaluation of assigned teams. Carry out supervisory responsibilities in accordance with the district's policies and applicable state and federal laws. Responsibilities include interviewing, hiring, and training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

DISTRICT EXPECTATIONS: All employees are expected to demonstrate regular and predictable attendance; to support the District's vision, mission, goals, and Strategic Plan; to engage in civility, respect, and professionalism; and to maintain the professional knowledge and skills necessary to perform the essential duties and responsibilities of their positions.

NOTE: School Board Policy ensures equal opportunity for all in its personnel policies and practices and does not discriminate on the basis of race, color, sex, religion, national origin, marital status, sexual orientation, gender preference, political beliefs, social/family background, disability or age.

The district accords preference in selection, retention, and promotion procedures to certain veterans and spouses of veterans who are Florida residents.

Hillsborough County District School Board

Preliminary and Tentative Audit Findings

Finding No. 6: The District could enhance its procedures to ensure that the required number of VIP options is offered.

Response:

The District provides a number of additional options which while may not meet the definition of Section 1002.45(1)(b), Florida Statutes, still represent additional options to students. These include:

- District virtual courses offered per Section 1003.498(2), F.S. (defined as school site 7006) are offered and use a different curriculum and instructional delivery method. There are students who take the course during the school day in a blended learning environment. Therefore, teachers rotate into the class on a regular schedule for face to face time.

These include elementary, middle and high school students. Middle and high school students access Edgenuity curriculum and the elementary curriculum is built individually to create a specific learning path for each student, using the district scope and sequence, district resources (Nat Geo, Odyssey, Renzulli, VoiceThread, MyOn, McGraw-Hill, Go Math) and additional supplemental virtual curriculum (First In Math, Aha! Science, Science4Us, Read Works).

- Additionally certain charter school with virtual classes were available from Pivot Charter School (for grades 6th - 12th) and Seminole Heights Charter School (for grades 9th - 12th).

Also the District's choice department has multiple interdistrict agreements that are blanket agreements to allow Hillsborough County students access to enrollment outside of our district. A complete list can be requested through the Choice department.

While the above options were also available the District will strive to ensure that all options required by Section 1002.45(1)(b), Florida Statutes, are also offered.

Hillsborough County District School Board

Preliminary and Tentative Audit Findings

Finding No. 7: VIP provider contracts did not include all statutorily required and necessary provisions.

Response:

The district created and processed all student enrollments and teacher assignments in our student information system which allowed us the ability to monitor the student-teacher ratios during the year. Additionally the District received reports that included student-teacher ratio information from the cited VIP provider.

Based on this information as of June 4, 2014, the total enrollment with the VIP provider was 105 students kindergarten through 12th grade. The largest student to teacher ratio was 2nd grade language arts at 17 students to one teacher. The District's student-teacher ratio mandated by legislation was 18 to 1 for brick and mortar 2nd grade classrooms.

While the District did not experience any issues with student-teacher ratios with the VIP provider during the 2013-14 year we do acknowledge that such a provision would prove useful should student participation increase. Therefore the District will ensure that the noted provisions included within your finding are included in VIP provider contracts in the future.

Hillsborough County District School Board

Preliminary and Tentative Audit Findings

Finding No. 8: The District could enhance its procedures to ensure that timely, written notifications are provided to parents about student opportunities to participate in the District's VIP and open enrollment period dates.

Response:

While the District does not provide written notification through the US post office to all parents within the District (this method is cost prohibitive) there were a number of methods employed by the District to provide notification to parents. They included a combination of text messages; emails; Choice brochures (US mail and school district mail); postcards; press releases; internal brochures for distribution as well as Parentlink phone calls.

Our enrollment and program information is also published in the School District Choice Brochure and updated annually. This comprehensive brochure is sent through US mail to current Kindergarten, 5th and 8th graders (approximately 50,000 families). Also, information is sent home to all students through their school site.

Additionally we have a Choice Options Expo held at the Florida State Fair Grounds Expo Hall. This is a school district event sponsored and coordinated through the school district Choice department. Our Hillsborough Virtual School (HVS) is a participant at this event and welcomed approximately 2,600 families this year. By participating in this event we were able to expose many more families to our program and options we can offer.

We also participate in the "Parent University" events as well as other Magnet and Choice get-togethers.

In response to your finding the District will explore additional avenues, as well as confer with the Florida Department of Education, to determine cost-effective methods to ensure that all parents are provided timely, written notifications about student opportunities to participate in the District's VIP and related open enrollment periods.

Hillsborough County District School Board

Preliminary and Tentative Audit Findings

Finding No. 9: Certain unnecessary information technology (IT) access privileges existed.

Response:

The shared accounts identified for the computer operators are being addressed by reducing the privileges and converting to system accounts managed through a job scheduling system. The job scheduling system has been acquired and is currently being implemented.

Hillsborough County District School Board

Preliminary and Tentative Audit Findings

Finding No. 10: District IT security controls related to user authentication and data loss prevention needed improvements.

Response:

Hillsborough County District School Board recognizes IT security controls as a dynamic and encompassing classification. User authentication recommendations have been addressed that were associated with our Lawson financial and human resources system. Peripheral systems will be identified and updated. Our IT team are updating our procedures and processes to ensure the identified standards are followed and maintained. The district will continue to enhance Data Loss Prevention (DLP). Our staff will address the two specific DLP issues identified in the above audit finding.

Hillsborough County District School Board

Preliminary and Tentative Audit Findings

Federal Awards Finding No. 2014-001: The District transferred funds totaling \$3.1 million from the workers' compensation internal service fund to the General Liability internal service fund, and no determination was made of the portion that should be credited to Federal programs.

Response:

As required by the Office of Management and Budget (OMB) Circular A-87, Section 22.d.5, the district will refund federal funds and their applicable credits on any future transfers that meet the criteria. In addition, credits will be applied immediately upon the transfer.

The District has credited back to federal funds their portion. Subsequent to inquiry, \$294,448 was transferred to the Student Nutrition Program and \$205,436 was transferred to the other Federal programs.

In the future any money transferred from workers' compensation will include the proportionate share to the federal programs in a timelier manner.