

Career and College Success Division

400 NE Stinson Blvd., Minneapolis, MN 55413

Due: November 1

Community Education Annual Report Procedures

Under the statutory authority of M.S. Section 124D.18, Minnesota Rules, part 3530.6200 require an annual report to the Minnesota Department of Education (MDE) from each school district having a community education levy. Please note that all information requested in the report related to the period of July 1 to June 30 of the previous fiscal year. Return the completed report to [Michelle Kamenov](mailto:Michelle.Kamenov@state.mn.us) (Michelle.Kamenov@state.mn.us) by November 1; retain a copy for your own files.

Community Education Annual Reporting Year: _____

District Name: _____ District Number: _____ District Type: _____

Community Education Director or Designee: _____ File Folder Number: _____

Email Address: _____ Phone Number: _____

Community Education Office Address: _____

City and State: _____ Zip Code: _____

Name of person completing this form: _____ Title: _____

Email address: _____ Telephone number: _____

General Program Information

Percent of Director's time devoted to Community Education _____%

Do you share Community Education director services with, or purchase director services from, another district? If so, list District number(s). _____

Estimate percent of General Community Education aid/levy allocated to youth programs. _____%

If the District utilizes the Extended Day Levy/Aid, indicate the unduplicated count of the number of youth served. _____

Community Education Advisory Council

Name of Chair Person: _____ Chair Person's Email: Address: _____

Dates of Community Education Advisory Council meetings during the reporting year (minimum four):

1) _____

4) _____

2) _____

5) _____

3) _____

6) _____

General Program Information Comments (optional):

Statement of Assurance

Directions: For each statement listed below please read and check “Yes” if your Community Education program is in compliance, or “N/A” for “Not Applicable,” or “No” if you district does not implement this type of programming.

Statement of Assurance	
General	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The district employs an appropriately-licensed community education director unless the district population is less than 6,000 or approval to use an individual who is not licensed as a community education director has been granted by the Minnesota Board of School Administrators (M.S. 124D.19, Subd. 3).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The district utilizes a community education advisory council with representation from various service organizations, churches, public and non-public schools, local government, public and private non-profit agencies, parents, youth, park, recreation or forestry services and other appropriate groups (M.S. 124D.19, Subd. 2).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The community education advisory council meets at least four times each year (M.R. 3530.5900).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The community education advisory council has adopted a policy to reduce and eliminate program duplication within the district (M.S. 124D.19, Subd. 5).
Youth Service	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If youth service revenue is received by the district, the district has implemented a youth service plan and youth service program (M.S. 124D.20, Subd. 4).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	A district's youth service projects utilize community sponsors (M.S. 124D.19, Subd. 10(d)).
Youth after School Enrichment	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If youth after-school enrichment revenue is received by the district, activities support development of social, mental, physical and creative abilities of school-age youth; the district provides structured activities during high-risk times; and the district promotes youth leadership development and improved academic performance (M.S. 124D.19, Subd. 12).
School-Age Care	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If the district operates a school-age care program, it includes: adult supervised programs while school is not in session; parental involvement in program design and direction; partnership with the district's K-12 programs and other public, private or non-profit entities; opportunities for trained secondary school pupils to work with younger children; and access to school facilities including the gymnasium, sports equipment, computer labs, and media centers when not otherwise in use (M.S. 124D.19, Subd. 11(b)).

Statement of Assurance
Adults with Disabilities
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A The direct activity costs (direct activity costs include the cost of the instructor, materials, and transportation) of the district's Adults with Disabilities program are not subsidized by the General Community Education aid or levy.
Adult Enrichment
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A The direct activity costs (direct activity costs include the cost of the instructor, materials, and transportation) of the district's Adult Enrichment program are not subsidized by the General Community Education aid or levy.

Programs Offered

Directions: Please fill in the following sections of data with participant numbers. Under the "Programs Offered" section, please fill in additional lines for any community or special events as needed.

Programs Offered	0 to 4 years	Grades K-5	Grades 6-8	Grades 9-12	Adult 19+years
Pre-K					
Youth					
Adult					
Adults with Disabilities					
School Age Childcare					
Special Events					
Special Events					
Special Events					

Facilities and Highlights

Facilities

Please answer each of the following questions as succinctly as possible. Focus on any changes from the previous year.

- 1a) Number of residential district groups (excluding school district PK-12 programs and community education?
(unduplicated) _____
- 1b) Number of hours of use? _____
- 1c) Number of groups residing outside of your district boundaries: _____
- 1d) Number of hours of use? _____
- 1e) Comments (if any): _____

Highlights

Discuss any successes or challenges your community/program(s) experienced during the past year that could be shared with local and state leaders (Optional).

- 2a) _____
- 2b) _____
- 2c) _____
- 2d) _____

Assurance Verification

I hereby certify that all of the information contained in this report is true and accurate to the best of my knowledge and belief.

_____	_____
Advisory Council Chairperson Typed Signature	Date
_____	_____
Community Education Director Typed Signature	Date
_____	_____
District Superintendent / Responsible Authority Typed Signature	Date