

Form A: Annual Competent Private Instruction Report

Official Department Form: Required for Parent, Guardian, or Custodian of CPI Student Under Option 1, Option 2 With Dual Enrollment, or Option 2 With Optional Reporting

Due Annually by September 1 (Or Within 14 Days of Withdrawing From Competent Private Instruction)

Please review all instructions before completing.

Please note that this form is only valid for one student and for the current school year.

Form A

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

1. Current School Year Information

Current School Year* _____

2. Student Information

Student Full Name* _____

Student Date of Birth (dd/mm/yyyy)* _____ Grade Level for Current School Year* _____

Student Address (Street, City, State, Zip)* _____

3. Filer Information

Filer Full Name* _____

Filer Address (Street, City, State, Zip; if Different from #1)* _____

Phone (000-000-0000) _____ Are you the parent, guardian, or custodian?* Yes No

4. Immunization Evidence or Notarized Exemption Waiver

Is this your first time filing this form?* *Proof of vaccination is required for all students receiving CPI without the Private Instruction Exemption, including those dually enrolled in their resident district or enrolled in a homeschool assistance program (HSAP).*

Yes (must attach immunization information or a notarized exemption) No

5. Instructional Program Information

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

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

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

Subject	Title of Text	Text Publisher or Author	Time Spent on Subject

6. Number of CPI Instructional Days

What number of CPI instructional days will be provided? * This number must be at least 148 days per academic year _____

7. Licensed Instructor or CPI Supervisor Information

Do you wish to enroll your student under Option 1 – CPI provided or supervised by a licensed practitioner, which includes participating in a home school assistance program (HSAP)?*

Yes (must provide the teacher’s name, folder number, and address below) No (skip to #8)

Teacher Full Name* _____ Folder Number* _____

Teacher Address (Street, City, State, Zip)* _____

Teacher Signature _____ Phone (000-000-0000) _____

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

Do you wish for your student to participate in special education programs or services and/or dual enroll at your resident district for academic or extracurricular activities? * Please note the following regarding access to driver’s education, annual assessment, special education, and academic and extracurricular activities:

- *Driver’s Education and Annual Assessment:* It is not necessary to dual enroll your student to access district-provided driver’s education or have your student’s annual standardized assessment provided at no cost to you (Iowa Code §§ 321.178 & 299A.4).
- *Special Education and Academic and Extracurricular Activities:* If you want your student to continue to access special education programs or services and/or participate in any academic or extracurricular activities in your local school district, complete #8 and #9.

Yes (must complete #9 and #10) No (sign and return to resident district)

9. Special Education Services and Programs

- Is the student currently identified as a student requiring special education under the special education rules? *
 - Yes No

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

- b. Do you consent to an initial evaluation or reevaluation of your student so they may receive special education services or programs?*

 - Yes No

10. Dual Enrollment

- a. Do you wish to dual enroll your student in the public district?*

 - Yes No (*sign and return to resident district*)

- b. Which areas does your student wish to dual enroll in (check all that apply)?*

 - Special education programs or services
 - Academic course(s) (must complete 10.c.)
 - Extracurricular activity(ies) (must complete 10.c.)

- c. Use the following table to indicate which subject(s) or activity(ies) your student wishes to dual enroll in.*

1st Semester	2nd Semester

11. Home School Assistance Program

- Do you want to enroll in a home school assistance program if offered?*
- Yes No

Parent, Guardian, or Custodian Signature*

Parent, Guardian, or Custodian Signature _____ Date _____