## **TEXAS EDUCATION AGENCY**

District Name  Campus Name			County-Dis	County-District-Campus Number										
	). Refer to the in	at may be used to estructions on the re r information about	everse side b	efore completin	g this form. The	e completed OF	SDP Daily Cor	ntact Register s						
Week No.	Reporting	g Period:	Da	ds										
Daily Record of Actual Contact Minutes Served  Sunday Monday Tuesday Wednesday Thursday Eriday Saturday														
			Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Excess				
Student SSN or ID	Stude	ent Name	OFSD	OFSD	OFSD	OFSD	OFSD	OFSD	OFSD	min				
1			1											
Тур	ed or Printed Na	me of Teacher		Date			Signature of Teacher							

## Instructions for Completing the OFSDP Daily Contact Register

To earn ADA, a student on any given day must attend at least 45 minutes of OFSDP-only instruction. If a student on any given day attends the OFSDP for fewer than 45 minutes, then no ADA will be earned.

OFSDP contact minutes must be recorded daily by the student's OFSDP teacher. If a student is served by more than one OFSDP teacher, then one designated teacher should record the combined contact minutes of service provided for the student. The time in which a student receives OFSDP instruction must be reported in the "OFSD" column.

Week No. – Enter the number of the week in the reporting period.

**Reporting Period** – Enter the six-week period for which the attendance data are being reported (1–9).

Dates of Reporting Period – Enter the beginning and ending dates of the reporting period.

Student SSN or ID – Enter the student's Social Security number or state-assigned ID.

Student Name – Enter the student's legal name as shown in the attendance system.

**Daily Record of Actual Contact Minutes Served** – Record the actual number of daily contact minutes the student on any given day attends the OFSDP only or the OFSDP in combination with regular attendance and/or special program attendance (credit courses). Contact hours may not exceed 10.00 per day for OFSDP in combination with regular instruction.

**Excess Minutes** – Enter the number of weekly excess minutes.

The teacher MUST sign and date the completed OFSDP Daily Contact Register.

## **TEXAS EDUCATION AGENCY**

District Nam			of Optional Flexible School Day Program (OFSDP) Weekly Totals Contact Register											Cour	unty-District-Campus Number							
Campus Na	nme		School Year 20XX–20XX																			
NOTE: This form is a sample that may be used to record weekly totals of contact minutes for students eligible to participate in the Optional Flexible School Day Program (OFSDP). Refer to the instructions on the reverse side before completing this form. The completed OFSDP Weekly Totals Contact Register should be retained at the district for audit purposes. For information about OFSDP funding, or compliance, contact the State Funding Division at (512) 463-9238.																						
Reporting P	Period:	_ Dates of Repo	orting	Peri	od: E	Begins						Eı	nds									
		Weekly Record of Allowable Contact Minutes Served																				
	I		Week x						Week x					Week x				0-		1		
Student SSN or ID	Student Name			HS Min	XS Min	SPED	SE Setting	PRS	OFSD Min	HS Min	XS Min	SPED	SE Setting		OFSD Min	HS Min	XS Min	SPED	SE Setting	PRS	Total	PEG
Typed or Printed Name of OFSDP Coordinator							D	ate			Signature of OFSDP Coordinator											

## Instructions for Completing the OFSDP Weekly Totals Contact Register

To earn ADA, a student on any given day must attend at least 45 minutes of OFSDP-only instruction. If a student on any given day attends the OFSDP for fewer than 45 minutes, then no ADA will be earned.

Reporting Period – Enter the period for which the attendance data are being reported (1–6).

Dates of Reporting Period – Enter the beginning and ending dates of the reporting period.

Student SSN or ID – Enter the student's Social Security number or state-assigned ID.

**Student Name** – Enter the student's legal name as shown in the attendance system.

**Weekly Record of Allowable Contact Minutes Served** – Enter the total number of weekly contact minutes for each student that attended the OFSDP only or the OFSDP in combination with regular attendance and/or special program attendance (credit courses) from the <u>OFSDP Daily Contact Minutes Registers</u>.

**XS Hrs** – Enter the excess minutes.

**SPED** – Enter the special education contact minutes.

**SE Setting** – Enter the special education setting, if appropriate, using the codes below.

MS – Mainstream HB – Homebound HC – Hospital Class ST – Speech Therapy RR – Resource Room

SC – Self-Contained OH – Off Home Campus VA – Vocational Adj. DS – Day School RC – Res. Care & Treatment

**CTE** – Enter the career and technology contact minutes.

**PRS** – Enter the pregnancy related contact minutes.

Total – Total the weekly contact minutes for each student. The OFSDP Coordinator MUST sign and date the completed OFSDP Weekly Totals Contact Register.

**PEG** – Enter an 'X' or a check mark to indicate the student is receiving a public education grant.