





TOP-2



Turnaround Option Plan—Step 2(TOP-2) Charter (CH)

[District]
[School Name]

Due: October 1 for Cycle 1 or January 31 for Cycle 2-4

Form Number TOP-2, CH, incorporated in Rule 6A-1.099811, F.A.C., effective August 2018

Turnaround Option Plan—Step 2 (TOP-2) Charter

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The purpose of this document is to guide districts to develop a plan for implementation of the turnaround option Charter (CH).

Directions

Districts shall complete this Step 2 form for each school for which the district is selecting CH. This completed form must be signed by the superintendent or authorized representative and emailed to BSI@fldoe.org no later than October 1 if this is Cycle 1 or January 31 if this is Cycle 2-4. The subject line of the email must include district name, school name and TOP-2(CH).

School		
In the box	below, identify the name and MSID number of the school that will be supported through CH.	
	School Name/ MSID Number	

CH Assurances

The district must agree to ALL of the following assurances by checking the boxes below.

Assurance 1: Close and Reopen School
☐ The district shall close the school and reopen it as a charter or multiple charters.
cription of how the district will address Assurance 1: Close and Reopen School



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Assurance 2: Contracting with Charter Organization

☐ The district shall enter into a contract with the charter organization following established district policies and procedures for contracting with external providers.
Description of how the district will address Assurance 2: Contracting with Charter Organization
Assurance 3: Selecting a Successful Organization
☐ The district shall select a charter organization that has a record of school improvement in turning around schools that are high-poverty and low-performing with students of similar demographics. Description of how the district will address Assurance 3: Selecting a Successful Organization
Assurance 4: Selecting Instructional Staff
☐ The district shall ensure that instructional personnel rated as Unsatisfactory and Needs Improvement based on both the three-year aggregated state Value-added Model (VAM) rating, if applicable, and on the district's approved evaluation system, pursuant to section 1012.34, F.S., shall not be staffed at the school.
Description of how the district will address Assurance 4: Instructional Staff



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Acknowledgement	
Check the box that applies to the district selection of CH.	
☐ For Cycle 1, the district acknowledges that the plan and the district school board approved CH contract is to the Department by October 1.	s due
☐ For Cycle 2-4, the district acknowledges that the plan and proposed CH contract are due to the Departme by January 31 and the district school board approved CH contract is due to the Department by May 1.	nt
Name and title of person responsible for completing and submission of the TOP-2	
Contact information: email, phone number	
Date submitted to the Bureau of School Improvement	
Superintendent Signature (or authorized representative)	

