

**Competent Private Instruction Report**  
**Iowa Code section 299.4**  
**2016-2017 School Year**

**Required information: See instructions before completing.**

The following information is required in accordance with Iowa Code section 299.4.

- A parent, guardian, or legal or actual custodian enrolling a student in CPI under Option 1 must submit this report in duplicate to the school district of residence.
- A parent, guardian, or legal or actual custodian enrolling a student in CPI under Option 2 may submit this report in duplicate to the school district of residence.
- A parent, guardian, or legal or actual custodian enrolling a student in CPI under Option 2 and electing dual enrollment must submit this report in duplicate to the school district of residence.
- This report is required, under the conditions described above, if the student is 6 years old on or before September 15 and not yet 16 years old and does not attend an Iowa public or accredited nonpublic school.
- **Return this form to the school district secretary by September 1 or within 14 calendar days of removing the student from a public or accredited nonpublic school or 14 calendar days from moving into the school district.** (If the student will be enrolled in a home school assistance program, please notify the district if the student will also be dually enrolled.)
- This form is not applicable to families choosing Independent Private Instruction, or for those using CPI Option 2 without dual enrolling or opting to report.

1) Child and Family Information: (Name and birth date of child under competent private instruction.)

|                      |                    |
|----------------------|--------------------|
| <b>Student Name:</b> | <b>Birth Date:</b> |
|                      |                    |

2) Name and address of person filing report. (Please check the appropriate box after "name")

|                 |  |  |   |
|-----------------|--|--|---|
| <b>Name</b>     | <input type="checkbox"/> <b>Parent</b> | <input type="checkbox"/> <b>Guardian</b> | <input type="checkbox"/> <b>Legal or Actual Custodian</b> |
| <b>Address:</b> | <b>City, Zip:</b>                      |  |   |
| <b>Phone #</b>  |  |  |   |
|                 |  |  |   |

3) **Immunization Evidence: If filing Form A for the 1st time, attach immunization information.**  
 (Proof of immunization is required of all children receiving CPI without the private exemption, including those HSAP enrolled or dually enrolled)

4) **Instructional Program Information:**  
 Outline the course of study on a separate page(s). Attach lesson plans on separate page(s).

|                 |                                     |                    |
|-----------------|-------------------------------------|--------------------|
| <b>Subject:</b> | <b>Text, Publisher, and Author:</b> | <b>Time Spent:</b> |
|                 |                                     |                    |

5) List number of days of instruction under competent private instruction \_\_\_\_\_ (must be at least 148 days per academic year, Iowa Code section 299A.1)

6) If an appropriately licensed Iowa teacher will provide or supervise the parent, guardian, or legal or actual custodian in providing the instruction, give the teacher's name and folder number.

|                           |                                       |
|---------------------------|---------------------------------------|
| <b>Name:</b>              | <b>Teacher Folder Number:</b>         |
|                           |                                       |
| <b>Address:</b>           | <b>Teacher signature- (optional):</b> |
|                           |                                       |
| <b>City, State / Zip:</b> | <b>Phone Number- (optional):</b>      |
|                           |                                       |

7) If an Iowa licensed teacher is not providing instruction or supervising, the parent, guardian, or legal or actual custodian providing instruction to the child, the child may, but is not required, to take an annual assessment. (Please consult the Department of Education's list of acceptable annual assessments-page 23). **If standardized testing is desired, notify the school district in order to receive testing dates by October 1<sup>st</sup>.**

**Parent/Guardian/Legal or Actual Custodian Signature (required):**



\_\_\_\_\_

**The Following Information is Optional....however, if you want your child to**

- access special education programs or services, at your local school district, complete **#8 and #9**
- participate in any academic or extracurricular activities at your local school district, **complete #8 and #9.**
- participate in the Home School Assistance Program, **complete # 10**

**NOTE:** It is not necessary to dual enroll your child to access district-provided driver education (Iowa Code 321.178) or to have your child’s annual assessment provided at no charge to you. Iowa Code section 299A.4.

8) If the child is currently identified as a child requiring special education, prior approval must be sought from the special education director at the Area Education Agency before the child may receive Competent Private Instruction in Iowa unless the parent, guardian, or legal or actual custodian of the child does not consent to initial evaluation or to reevaluation of the child for receipt of special education services or programs. Iowa Code section 299A.9.

**Yes \_\_\_ No \_\_\_** Is the child currently identified as a child requiring special education pursuant to the rules of special education?

**Yes \_\_\_ No \_\_\_** Do you consent to initial evaluation or to reevaluation of the child for receipt of special education services or programs?

9) **Yes \_\_\_ No \_\_\_** Do you desire dual enrollment in the public school for the child under competent private instruction? (If no, skip to #10.)

A. Dual enrollment is desired for (Check all that apply):

**Academic \_\_\_ Extra-curricular activities \_\_\_ Special Education \_\_\_**



**B.** Grade Level for the 2016-2017 school year \_\_\_\_\_

C. Please list the Subjects and/or Extracurricular Activities you wish your child to dual enroll in:

| 1st Semester: | 2nd Semester: |
|---------------|---------------|
|               |               |
|               |               |
|               |               |
|               |               |

10) Do you desire to enroll in a Home School Assistance Program if offered? **Yes \_\_\_ No \_\_\_**