Oregon Department of Education

Accountability Reporting 255 Capitol Street NE Salem, Oregon 97310

ode.institutions-request@ode.oregon.gov

Fax: 503.378.5156

Institution Request Form

Form 581-1380-A

Instructions for submitting institutional changes with the Oregon Department of Education: This form is used to request a variety of institutional changes. Find the type of request that your institution is making and fill out the indicated fields for that type of request. See Appendix C for supplemental material to be submitted with this form. All Institution Request Forms must be physically signed and dated to be processed. New institution requests, institution splits, and grade changes are due by September 15 of the school year the change will take effect. For questions and submission, please email ode.institutions-request@ode.oregon.gov.

Registered Private Schools, Registered Private Alternative Programs, and Approved Private Special Education Providers in the state of Oregon must provide information to the Oregon Department of Education prior to receiving an Institution ID. Information about these schools changes frequently. For the latest applications and listings, visit the appropriate web pages at http://www.oregon.gov/ode (Search for Private Schools, Private Alternative Programs, Special Education Service, or Charter Schools).

Non-Accountable Institution Requests

Entities that are required to have an ID that are not Oregon Public Schools must complete their requests on the appropriate online form. Below are the appropriate forms for specific ODE Application access.

- Electronic Grant Management System (EGMS) Requests
- Fingerprinting Requests
- School Bus Driver Portal Requests
- Sexual Misconduct Verification System (SMVS) Requests

Institution Class	ification:					
Select your Virtual Se	chool Status (only requi	red for public s	schools):			
☐Full Virtual	□Focus Virtual	☐Supplemental Virtual		⊠Not Virtual		
Sector: (Select only or	ne)	Primary Function: (Select only one)				
⊠Public			⊠School	□Program		
□Private			□University	☐Community College		
□Private Non-Profit			□College	□Organization/Other		
			□Child Nutriti	on Program Site		
Complete this section educational services	•	on is a primary	educational p	rovider (i.e. accountable for		
Instructional Type: (Institutions which do not have a regular instruction type must follow additional rules and "Program Type: (Only complete if the function type is "Program". Not applicable for schools.)						
	ust follow additional rules an			pplicable for schools.)		
regular instruction type m statutes as designated by	ust follow additional rules an		"Program". Not a □ACEP □C	pplicable for schools.)		
regular instruction type m statutes as designated by ⊠Regular □Alte	ust follow additional rules and ODE.)		"Program". Not a □ACEP □C □PNF □Y	pplicable for schools.) CTE □JDEP □LTCT		
regular instruction type m statutes as designated by ⊠Regular □Alte	ust follow additional rules an ODE.) rnative eer/Technical		"Program". Not a □ACEP □C □PNF □Y	pplicable for schools.) TE □JDEP □LTCT CEP □YDD		
regular instruction type m statutes as designated by Regular	ust follow additional rules an ODE.) rnative eer/Technical		"Program". Not a ACEP C PNF Y Head Start	pplicable for schools.) TE □JDEP □LTCT CEP □YDD □Even Start □EI/ECSE □Hospital □Special Ed.		

Type of Request (check one):

Note: If the change affects more than one institution, please complete a separate form for each institution.

☐ New Institution (Non-EGMS)(Effective 7/1 of the approved school year)
Complete sections: All information above, A, C, E, F, G, H, J, N, O, Appendix A & Appendix B
☐ Merging of Two Institutions into one institution
Complete sections: All information above, A, B, C, D, E, F, G, H, I, J, N, O, Appendix A & Appendix B
☐ Splitting of One Institution into two institutions
Complete sections: All information above, A, B, C, D, E, F, G, H, I, J, N, O, Appendix A & Appendix B
☑ Institution Close (Effective 6/30 of the approved school year)
Complete sections: <u>All information above</u> , <u>A</u> , <u>G</u> , <u>N</u> , <u>O</u>
☐ Other Information Changes
☐ Address Change (Complete Sections: <u>All information above</u> , <u>A</u> , <u>C</u> , <u>N</u> , <u>O</u>)
☐ Grade Level Change (Complete Sections: <u>All information above</u> , <u>A</u> , <u>G</u> , <u>I</u> , <u>N</u> , <u>O</u> , <u>Appendix B</u> (if major
grade change)
☐ Parent Administration Change (Complete Sections: <u>All information above</u> , <u>A</u> , <u>C</u> , <u>J</u> , <u>N</u> , <u>O</u>)
☐ Type Change (Complete Sections: <u>All information above</u> , <u>A</u> , <u>C</u> , <u>J</u> , <u>N</u> , <u>O</u> , <u>Appendix B</u>)
☐ Name Change (Complete Sections: <u>All information above</u> , <u>A</u> , <u>N</u> , <u>O</u> ,)
☐ Directory/Staff Changes
Complete sections: All information above, A, N, O, Appendix A
☐ Child Nutrition Program
Compete sections: All information above, A, C, E, F, G*, H, K**, L, N, O
□ New YDD Data Manager (YDD – Only) Institution
Compete sections: <u>Sector</u> (above), <u>Program Type</u> (above), <u>A</u> , <u>C</u> , <u>E</u> , <u>F</u> , <u>J</u> , <u>K</u> , <u>M</u> , <u>N</u> , <u>O</u>

^{*} Optional

^{**} Complete if the child nutrition program site has a grant through EGMS as well

A: Institution Identifiers: (If merging/splitting, put the name of the single institution that will be merged into/split from. Only use the 'New' name fields for name changes. If you are unsure of your ID, you can search for it on the <u>Institution Lookup Tool</u>.)

Institution ID# (Leave blank for new institution requests and mergers): 5692

Current Name (Doing business as): Hassolo School

New Name (Doing Business as):

Current Legal Name (Name that is on contract, charter, IRS documentation—if different from above):

New Legal Name (Name that is on contract, charter, IRS documentation—if different from above):

B: Merging/Splitting Institution Identifiers:

Institution A ID#: (Leave blank if splitting - this # will be assigned by ODE)

Institution A Legal Name:

Institution B ID#: (Leave blank if splitting - this # will be assigned by ODE)

Institution B Legal Name:

C: Demographic Information: (For address changes, give the new information. For merges, this address should reflect the final location.)

Street address (include City, State, and Zip+4):

Mailing address (include City, State, and Zip+4): County:

Primary web address: Primary email address:

Primary Phone: Primary Fax:

D: Institution Merge/Split Addresses: (Use the same institution (A & B) as in Section B.)

Institution A Name:

Institution A Address:

Institution A Phone: Web: Email:

Institution B Name:

Institution B Address:

Institution B Phone: Web: Email:

E. Federal Identification Numbers: (If you use a Social Security Number for your Taxpayer Identification Number, **DO NOT WRITE IT ON THIS FORM**, instead write "Using SSN" in the U.S. Employer ID# (Federal Tax ID#): field).)

U.S. Employer ID# (Federal Tax ID#):

F. Institution Admi	nistrator Inform	ation:	
□ District Superint Name:	tendent	□School Principal	☐ Head Administrator or Director
Phone:	Email:		
G. Effective Date: (For grade changes,	please type in the date the grade o	change will be going/ went into effect.)
Open Date:	and/or Close	Date: <u>June 20, 2025</u> a	nd/or Split/Merge Date:
H. Grade Range Of	fered: (If splitting,	merging, this is the single instituti	on that the two are splitting from/merging into.)
Low: High:	□PreK ∣	□Elementary □Jr. Hig	h □ Middle □High □District
merging from. Use the s	ame institution # (1		ne two institutions that the single institution is splitting into or evel requests, give the current in Inst. A and change to in Inst. B. late grade range box.)
Inst. A: Low:	High:	∃Elementary □Jr. High	□ Middle □High □District
Inst. B: Low:	High:	∃Elementary □Jr. High	□ Middle □High □District
J. Administrative/F	iscal Parent:		
· · · · · · · · · · · · · · · · · · ·	or your operation.		trict or an ESD. For private schools or programs, there is no r. For YDD sites, that are not Jurisdictional leads, list the
Institution	Name:	ID#:	
Fiscal Parent: (The entity which receive	es state funding or	n your behalf. Charter and priva	te schools may be their own fiscal agents.)
Institution	Name:	ID#:	
K. Electronic Gran	ts Management	System (EGMS) and YDD	Administration:
Fiscal Agent Nan Email:		phone:	
Business Manag Email:	•	t) Name: phone:	

Please submit your W-9 form and the EGMS Access Request Form to <u>ode.EGMS @ode.oregon.gov</u> at the time of submitting this request to be set up in the State's payment system for EGMS Only (Not Required for YDD).

L. Child Nutrition Programs:								
□Sponsor □Site (May check both Sponsor Name:		lame:						
•								
CNP Sponsor Agreement Num			-00					
Programs: (Check all that apply)	□SNP		SP					
*These numbers can be found in <u>CNPw</u>	<u>reb</u> .							
M. YDD Programs:								
	_	_						
Administration:	Governance	: Type:						
☐DM Jurisdictional Lead	☐City Government	□ Committee	☐Tribal Agency					
☐School District	□County Agency	☐School District						
	☐Service Provider	☐State Agency						
		.						
N. Submitted By: (A physical signature is	required.)							
Name: Christine Otto Title:	Senior Educational S	Services Administrator						
Email: cotto@mesd.k12.or.us								
Signature: Date: 15 August 2025								
O. Additional Information: (Optional s EGMS Only request, list the grant that you have	•	· · · · · · · · · · · · · · · · · · ·	•					

Hassolo School served youth who were in housed in a secure residential program operated by Multnomah County. Due to budget constraints, Multnomah County closed the program. With no program, the need for Hassolo School ceased.

Email Institution Request Forms and other supporting documentation (see page 9 for possible required supporting documentation) required for the request to:

Institutions Specialist ode.institutions-request@ode.oregon.gov

Appendix A: Directory Update Worksheet

Directions: Identify the school year at the top of the page. Always fill in the name of the institution and the institution ID number for the institution being updated. Fill in only what needs to be updated – the only required positon is the Superintendent or Principal, the rest are optional. Submit one Staff Name per title. If more than one name is listed, only the first name will be entered. Only the titles and numbers listed will be updated. If you add a title that is not on the list, it will not be included. Copy and paste the School Section to make multiple submissions as needed. Email the completed form back to ODE at ode.institutions-request@ode.oregon.gov. For staff that need to be removed, please submit these names in the body of your email. Please view the staff currently associated with your institution on the Institution Lookup Tool prior to submitting

<u>Institution Lookup Tool</u> prior to submitting.							
School District/ESD:							
School District Name (Current							
Name)							
School District ID							
*Phone (area code + number)							
*Fax (area code + number)							
*Main email							
*Internet address							
Institutions Database Code & Titles	Staff Name	Phone Number	Email				
*100 Superintendent							
150 Service Ctr. Admin. – ESDs							
only							
200 Deputy Superintendent OR							
300 Assistant Superintendent							
350 Deputy Clerk							
400 Administrative Assistant							
500 Business Manager							
600 Human Resources/Personnel							
700 Communications							
750 Curriculum							
800 Instruction							
900 Special Education							
1000 Career and Technical							
Education							
1100 Assessment							
1200 Special Services							
1300 Technology							
1400 Media/Library							
1500 Activities							
1600 Child Nutrition							
1700 Transportation							
1800 Safety							
1900 Facilities							
School:							
School Name (Current Name)							
School ID							
*Phone							
*Fax							
*Main email							
Inst. Code & Title – choose one	Staff Name	Phone Number	Email				
*100 Principal							
100 Interim Principal							
100 Head Teacher							
100 Director							
<u> </u>	I.						

^{*}Required for all K-12 public schools. Other positions are entirely optional and may be excluded.

Appendix B: Information Worksheet

All questions relevant to the institution request should be addressed.

Physical Location:

Is the entity physically located within the existing school district boundary? If no, explain the circumstances.

Is the entity located within the same physical facility occupied by other schools or programs within the district boundary? If yes, explain the situation.

•

Enrollment Process:

Can any student within the district enroll in the entity by personal choice when grade levels offered at the entity match a student's grade level?

•

Is there a separate student intake procedure/process than for a regular school? Explain.

•

Who determines which students attend the entity? Explain.

•

Do students, who are enrolled in the entity, remain members of the school that referred them?

•

Will the institution enroll students from outside of the responsible district? (Open Enrollment? Interdistrict Transfer?)

•

Do all students enroll on a part-time basis?

•

Curriculum:

Will the curriculum be comprehensive (Does it offer all courses necessary to allow students at all grade levels to complete all state and district requirements for graduation as per Oregon state statute and administrative regulation: Division 22)? If yes, provide the school year course catalog and master schedule.

•

Does the entity offer supplemental course work offered to students who attend classes at a non-district entity or another school/program within the district's physical boundary? Explain the situation.

•

Are all courses offered and taught by district staff at the entity's physical location? Explain the situation. Which entity issues grades to students?

•

Will the entity offer online courses from an entity with which there is a contract or agreement with the district to supplement the district's curriculum offerings or provide the entire curriculum? If yes, explain in detail the arrangement.

•

If online courses are offered, which vendor/s will be used?

•

Diploma:

Will the entity issue a regular diploma indicating students have successfully completed all state and district graduation requirements offered by the entity?

Student Population:

Is the student population changing to or from other school district or non-school district schools or programs? Explain.

•

Staffing:

Will the entity have a full time principal/administrator or share administrator duties between multiple locations and/or teaching entities? What is the arrangement?

•

Is the principal/administrator certified for this responsibility with the Teachers Standards Practice Commission (TSPC)?

•

Is the entity's staff currently teaching at the entity? Explain the situation.

•

Is the entity's staff changing teaching assignments from previous assignments? If so, to what extent. Explain.

•

Are all teaching staff licensed by TSPC to teach the curriculum they are assigned to teach?

•

Who evaluates teaching staff?

•

Whose staff meetings do teaching staff attend?

•

Appendix C: Institution Request Requirements Matrices

An "X" indicates that the document is required for approval. When submitting a change to the IDAT, supporting documentation is often necessary. These matrices outline the documentation/process required for approval of the requested change in the ODE's Institutions Database. Please follow these matrices to know which items are required for each type of change. IDAT and DGC approval occur within ODE after the required documentation has been submitted.

Schools, School Districts/ESDs and Other Organizations										
Documents and Approvals	New ODE ID	New Private School	Name	Street	Grade Level	Institution	Closure	Type	EGMS	
	Number	(Reg. or Alt.)	Change	Address	Change	Mergers/Splits		Change	Only	
				Change						
Institution Request Form	Х	Χ	X	Х	Х	X	Х	X	X	
Official Board Minutes	X	Χ	X	Х	Х	X	Χ	X		
Enrollment Calculator	X				X	X		X		
Information Worksheet	X	Χ			X	X		X		
State School Fund Coordinator	Х				Х	Х	Х			
Notification (Small School										
Correction)										

Charter Schools							
Documents and Approvals	ODE ID Number	Name Change	Street Address Change	Fiscal Agent Change	Grade Change	Closure	Type Change
School Application OAR 581-026-0050(1)	Х						
Charter Contract or Contract Amendment ORS 338.035 (2)(a)(C)	X	X	X	X	X		
EIN Document ORS 338.035(2)(a)(C)	X						
All annual reports on file at ODE ORS 338.095(2)		Х	X	X	X	Х	X
All municipal audits on file at ODE ORS 338.095 (3)		Х	Х	X	Х	Х	Х
Institution Request Form	X	Х	X	Х	X	Χ	Χ
Charter School Board Minutes						Χ	
Enrollment Calculator	X		X		X		
State School Fund Coordinator Notification (Small School Correction)	X					X	

YCEPs, JDEPs, HOSPITALs, and LTCTs									
Documents and Approvals	New ODE ID	Name	Street	Grade Level	Institution	Institution	Closure	Type Change	
	Number	Change	Address Change	Change	Mergers	Splits			
Needed in Contract or Contract Amendment	X	X	X		X	X			
Service Plan or Written Notice			Х	LTCT Only	YCEP/ JDEP		Х		
Institution Request Form	Х	Х	X	Х	X	X	Χ	Χ	

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