District Foundation Summary						
Trial Name:	Sent Trial					
Trial Date:	10/30/2025 09:19:06					
User Name:	kschneider					
Report Date:	10/31/2025 10:02:43					
Fall OASIS Collection 2025						
I certify the reported counts & foundation claim comply with state law, regulations, including the Student						
Data Reporting Manual. Noncompliance is subject to PTPC sanctions per AS 14.20.030 & 20 AAC 10.020(d)(9).						
Superintendent signature:		Date:				
Superintendent signature:		Date:				
Superintendent signature: Craig City School District		Date:				
	Elementary (PK-6)	Date: Secondary (7-12)	Total (PK-12)	Intensive		
	Elementary (PK-6) 85.32		Total (PK-12) 85.32	Intensive 4		
Craig City School District		Secondary (7-12)	` ,	Intensive 4 3		
Craig City School District Craig Elementary (130020) Craig High School (130010) Craig Middle School (130030)	85.32	Secondary (7-12) 0.00	85.32	4		
Craig City School District Craig Elementary (130020) Craig High School (130010)	85.32 0.00	Secondary (7-12) 0.00 75.25	85.32 75.25	4		

Special Education Child Count Summa	ary			
Trial Name:	Sent Trial			
Trial Date:	10/30/2025 09:19:06			
User Name:	kschneider			
Report Date:	10/31/2025 10:02:45			
Fall OASIS Collection 2025				
Craig City School District				
Disability	Child Count			
(2) Cognitive Impairment	0			
(3) Hearing Impaired - Includes Deaf	0			
(4) Speech or Language Impairments	14			
(5) Visual Impairments	0			
(6) Emotional Disturbance	2			
(7) Orthopedic Impairments	0			
(8) Other Health Impairments	12			
(9) Specific Learning Disabilities	31			
(10) Deaf-Blindness	0			
(11) Multiple Disabilities	7			
(12) Autism	5			
(13) Traumatic Brain Injury	0			
(14) Developmentally Delayed	9			
Total Count of Students with Disabilities	80			
In accordance with 34 CFR § 300.645(c), I CERTIFY	that these data represent an accur	rate and		
unduplicated count of children with disabilities receiving	•			
2025, according to an Individualized Education Progra	•			
Superintendent signature:				
-				
Date Signed:				



Certificate Of Completion

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East Thetford, VT 05043 kyle@gsded.com

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Signer Events

Signature Jackie Hanson

jhanson@craigschools.com Superintendent, CCSD

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered via Docusign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/31/2025 2:07:42 PM
Certified Delivered	Security Checked	11/4/2025 4:19:10 PM
Payment Events	Status	Timestamps