

## 2025-26 LEA/PSA Planning Form

### District/PSA:

This form should be completed or updated for each school year. It should be prepared by program staff and forwarded to the auditor for use in planning the field audits. Please return to the Wayne RESA Pupil Accounting & Auditing Department by May 30, 2025.

1. Have any buildings closed?

☐ Yes

☐ No

If yes, please list:

2. Are there new buildings/grades?

☐ Yes

☐ No

If yes, please list:

3. Identify the key program personnel involved in the pupil membership count.

NAME	TITLE	LOCATION	PHONE	EMAIL ADDRESS	YEARS IN POSITION

4. For each building (including shared-time, early childhood, alternative education) at which the district provides instruction, complete:

BUILDING/PROGRAM	EEM ENTITY CODE (building code)	ADDRESS/PHONE #	GRADE LEVELS/CLASS OF PUPILS

5. One major purpose of the planning form is to provide the auditors with information about any significant changes that would affect completion of the audit. Following is a checklist of common items. Please indicate if there have been any significant changes and attach documentation as applicable.
- ☐ Written procedures for ensuring a complete and accurate pupil count
  - ☐ Program locations or types of program categories
  - ☐ Systems (automated/manual) for maintaining enrollment and attendance records
  - ☐ Continuity in key participant membership count positions
  - ☐ Participation in cooperative agreements with other local programs
  - ☐ Record retention procedures and practices (minimum of three years plus current year)
  - ☐ Procedures to ensure that administrative personnel document in writing their review of the completed program alpha lists, including a representation that all program documentation is on file in accordance with state laws
  - ☐ Training of new staff without experience in membership accounting rules and procedures
6. Attach a copy of your district's course catalog and course descriptions (course catalog/course descriptions link is acceptable)
7. Name of your district's Student Information System: \_\_\_\_\_
8. Current district approved method for documenting attendance: \_\_\_\_\_
9. Check the type of schedule provided in your secondary buildings:
- |                                   |                                |                                    |
|-----------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> Semester | <input type="checkbox"/> Block | <input type="checkbox"/> Trimester |
|-----------------------------------|--------------------------------|------------------------------------|
10. When does your 2<sup>nd</sup> semester or 2<sup>nd</sup> trimester start: \_\_\_\_\_
11. Are you maintaining the pupil accounting records for the current year plus three years?
- ☐ Yes      ☐ No
12. Do you have access to the Pupil Accounting Manual?
- ☐ Yes      ☐ No

Complete by:	
Name:	
Title:	
Date Completed:	