

FIRST NATIONS ELEMENTARY AND SECONDARY EDUCATIONAL ADVANCEMENT REPORT – LIST OF DATA FIELDS

DCI Number/Fiscal Year:
33322740 (2023-2024)

Purpose:
As per funding agreement

Reporting Period:
As per funding agreement

Due Date:
As per funding agreement

Legend:

- **Mandatory:** Completing all mandatory data fields will reduce potential delays as ISC Regional Office staff will need to contact recipients whose Report is incomplete.
- **Auto-calc:** Automatically filled or calculated field.

IMPORTANT:
The list below is a representation of the data fields. The actual reports are available on the [ISC Services Portal](#) or through your Regional Office. Some of these reports will be available with your pre-populated data, which will save you preparation time. If you have any questions please contact your Regional Office.

Field Descriptions:

| Field | Description |
|---|---|
| Report Identification | |
| This section of the form is used for identification and tracking purposes. The fiscal year and reporting period are automatically filled with the relevant information. | |
| Fiscal Year (Auto-calc) | The fiscal year is entered automatically. |
| Organization Identification | |
| This section is used to identify the organization completing the report and the Recipient who has the reporting requirements with ISC. | |
| Are you the prospective RECIPIENT of funds directly from ISC? (Mandatory) | This is a Yes or No answer that causes the form to display only those sections that are relevant to you. The answer is defaulted to Yes. 'Yes' indicates that your organization receives funding directly from ISC. 'No' indicates that it is a sub-report. Only some of the fields are displayed. Also, refer to Reporting Organization Contacts on the next page. |

| Field | Description |
|---|--|
| Recipient Number (Mandatory) | The recipient ID number as assigned by ISC. Important: Make sure to enter a 4-digit number. Add zeroes (0) in front if necessary. |
| Recipient Name (Mandatory) | The official name of the Recipient of ISC funds. |
| Organization Type (Mandatory) | A drop-down list of possible organizations that could complete a Report. |
| Organization Name (Mandatory) | The official name of your organization. This field is automatically populated when you enter the Organization Number in the next field and vice versa. |
| Organization Number (Mandatory) | The official number of your organization. Some Organization Types do not require an Organization Number. |
| Telephone Number (Mandatory) | The organization's telephone number. |
| Extension Number | The extension number, if applicable. |
| Fax Number | The organization's facsimile number. |
| E-mail Address | The e-mail address of the organization's contact, if available. |
| Web site | The home page URL for the organization's web site. |
| Mailing Address | |
| <ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Mandatory) | The street address or P.O. Box at which the party can be reached by mail. |
| Reporting Organization Contacts (Sub-reports only) | |
| Provide the Reporting Organization's contact information as requested by your Recipient Organization | Sub-reports have a Reporting Organization Contacts section where contact information is provided in a text field so that the Recipient Organization knows who to contact if there are questions. |
| List of Reporting Organizations | |
| Use this section to list the organizations that are providing you with their information in separate sub-reports. | |

| Field | Description |
|---|--|
| <ul style="list-style-type: none"> - Reporting Organization Type - Reporting Organization Name - Reporting Organization Number - Total Budget - File Name Attached (Mandatory) | Data fields will automatically be populated from the Sub-report once attached. |

Contacts

The Primary Contact is the person who is responsible for the DCI when completed. The Secondary Contact is the back-up contact in case the Primary Contact is unavailable.

| | |
|---------------------------------|--|
| Given Name (Mandatory) | The given name or first name. |
| Family Name (Mandatory) | The family name or surname. |
| Title/Position (Mandatory) | The contact's job title or position. |
| Telephone Number (Mandatory) | The contact's telephone number. |
| Extension Number | The extension number, if applicable. |
| Fax Number | The contact's facsimile number, if available. |
| E-mail Address | The e-mail address of the contact, if available. |

Mailing Address

| | |
|---|---|
| <ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Mandatory) | The street address or P.O. Box at which the party can be reached by mail. |
|---|---|

Street Address

Same as Mailing Address - If selected, the fields below will automatically be populated.

| | |
|---|---|
| <ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Mandatory) | The street address or P.O. Box at which the party can be reached by mail. |
|---|---|

Secondary Contact Information

| | |
|---|--|
| Do you want to specify a secondary contact? | Yes or No - if Yes is selected, the same fields are mandatory as the Primary Contact person. |
|---|--|

Education Advancement

This section appears after adding a school as a Delivery Organization.

| Field | Description |
|---|--|
| Before and After School Program (BASP) For the school year just completed: | |
| Does this school offer a Before and After School Program (BASP) (Mandatory) | Select "Yes" or "No" |
| How many students from K4 to Grade 6 participate in this school's Before and After School Program (BASP)? (Mandatory) | If you selected "Yes" in the above question, enter a number. |
| Special Education Needs | |
| For the school year just completed, how many students had an IEP (or other type of learning plan) in place? (Mandatory) | Number field |
| For the school year just completed, how many of the students with an IEP or other type of learning plan in place received the services outlined in their plan? (Mandatory) | Number field |
| Attendance Report the annual attendance rate (in percent) for the school year just completed. This can be calculated by adding the cumulative monthly rate divided by the number of months the school was open. | |
| Annual Attendance Rate (for the school year just completed) (Mandatory) | Percentage |
| School Success Questions | |
| Did the school have a School Success Plan for the school year just completed? (Mandatory) | Yes or No |
| If yes, was the School Success Plan updated this school year? (Mandatory) | Yes or No |
| Did the school have Staff Skills Development Strategies in place for the school year just completed? (Mandatory) | Yes or No |
| Learning Assessments | |
| Did this school administer learning assessments for the school year just completed? (Mandatory) | Yes or No |
| If yes, what Type of Test (Mandatory) | Numeracy, Reading or Writing |
| If yes, what Jurisdiction (Mandatory) | The federal or provincial jurisdiction for the assessment. |
| If yes, what Grade Tested (Mandatory) | The grade that was assessed. |

| Field | Description |
|--|---|
| If yes, Standard Applied (Mandatory) | Provincial or Other (please specify). |
| If yes, the number of students who took the test (Mandatory) | The number of eligible students (total male and female) who took part in the assessment. |
| If yes, number of students who met or exceeded the standard (Mandatory) | The number of eligible students (total male and female) who took part in the test and who met or exceeded the standard level, which is the level expected for their age and/or grade. |

Education System Capacity

This section is available by clicking on one of the following Delivery Organizations:

- First Nation Chief and Council;
- First Nation Education Authority; or
- Regional First Nation Organization

| | |
|---|-------------------------------|
| Did your organization's education system capacity increase this past year? (Mandatory) | Yes or No |
| If yes, select one or more of the following areas (check all that apply) <ul style="list-style-type: none"> ○ Tools and equipment ○ Connectivity ○ School data systems ○ Teaching staff ○ Other (please specify) | A list of possible selections |
| Comments | A narrative description |

Supporting Documents

If you add a document, the data fields become mandatory.

| | |
|--|--|
| Type of Supporting Document (Mandatory) | A drop-down list of the types of mandatory documents. If there are no mandatory documents, the only available item is Other. |
| Name of Supporting Document (Mandatory) | The title and file name of the supporting document. |
| Method of Submission (Mandatory) | A drop-down list of possible submission methods. |
| File Name Attached (Mandatory) | The file name of the attached document will appear automatically. |

Declaration

| | |
|---------------------------|-------------------------------|
| Given Name (Mandatory) | The given name or first name. |
|---------------------------|-------------------------------|

| Field | Description |
|----------------------------|-----------------------------|
| Family Name (Mandatory) | The family name or surname. |
| Title (Mandatory) | The job title or position. |
| Date (Mandatory) | Today's date (YYYY-MM-DD) |