Default Question Block



This Survey of Days Missed for Inclement Weather is to be completed by each LEA for school year 2022-23 to comply with Session Law 2012-145.

Please complete and submit by June 16, 2023. If you have questions about the survey, please contact Student Accounting at studentaccounting@dpi.nc.gov.

hoose your LEA Number and Name.
low many days were ALL schools in your LEA closed due to inclement veather this school year (2022- 2023)? DO NOT include early closings or delayed starts.

How many of the days ALL schools were closed were (or will be) made

up?
Were individual schools within your LEA closed due to inclement weather when other schools within your LEA were open this school year? DO NOT include early closings or delayed starts.
Yes No
How many additional weather related days were those individual schools closed? DO NOT include early closings or delayed starts.
Were individual schools within your LEA closed for reasons other than inclement weather? DO NOT include delayed starts or early closings. Note: The Division of School Business may contact you to collect information regarding these closings.
Yes No

All the schools in your district must complete a minimum of 185 days of instruction or 1025 instructional hours. Please select the option that your district met.

If you met the instructional hours requirement, please provide how many hours were completed. If there were different hours completed at different schools, provide the number from the school with the least hours.

Minimum of 185 days of instruction
Minimum of 1025 instructional hours. In the box below, enter how many hours were completed as a whole number.
EA Certification - I certify that each school within the LEA operated a minimum of 185 days or provided a minimum of 1,025 hours of nstructional time during the 2022-2023 school year. (Includes days and hours for which schools closed early due to inclement weather, emergencies, acts of God, or other conditions requiring the termination of classes before the end of a school day).
First Name
Last Name
Title
Work Email Address

Work Phone	: Number			
Provide a	ny addition	al common	tc	
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