 **Massachusetts Department of Elementary and Secondary Education**

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| Form 1: NOTIFICATION / REQUEST FOR PRIOR APPROVAL OF SUBSTANTIAL CHANGE WITHIN AN APPROVED SPECIAL EDUCATION SCHOOL PROGRAM (v.11/08/21) |

Date of this notice: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Directions:** All **Approved Special Education School Programs must upload into the Web Based Monitoring System (WBMS).**

Complete page 1 of this form and attach to it a **narrative** addressing the applicable “Notification or Request for Prior Approval of Substantial Change within an Approved Special Education Program.” The narrative must include: (1) the program’s rationale for such a change, (2) the required corresponding documentation listed on pages 2-4 of this Form 1, and (3) any other information that the program believes justifies the request. Please consult pages 5-6 of this form for guidance.

Please Note: **A separate Form 1 must be submitted for each program to which any notification or request for approval applies.**

All **Approved Public Special Education Programs** must continue to submit hard copies of the above information and required documentation.

Pursuant to 603 CMR 28.09(5)(c), this approved special education school program is hereby providing written notification/requesting prior approval from the Department for the following reason:

**NOTIFICATION TO DESE IS REQUIRED WITHIN THE TIMELINES NOTED BELOW FOR THE FOLLOWING CHANGES:**

**Immediate notification for:**

🞏 unexpected program building change as the result of an emergency

🞏 closure of a program or site

**15 business days notification for:**

🞏 each 20% decrease in the enrollment of students based on the most recently approved DESE staffing plan (for Approved

Special Education Schools only)

🞏 change in program’s ownership

🞏 change in agency or program’s name

🞏 vacancy in an approved staff position not filled by another appropriately licensed or waivered staff person that has a direct

impact on the service delivery to students

**PRIOR APPROVAL FROM ESE IS REQUIRED BEFORE ANY OF THE FOLLOWING CHANGES MAY OCCUR:**

🞏 changes to program’s building(s)/physical facilities that are not due to an emergency, but are related to relocation, expansion

or renovation of building(s) or closure of a program or site

🞏 increase or decrease in the ages or change in the gender of the students being served

🞏 each 20% increase in the enrollment of students, based on the most recently approved DESE staffing plan (for Approved

Special Education Schools only)

🞏 adding, eliminating, or changing staff positions

Public School OR Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CheckBox Day Program CheckBox Residential Program CheckBox Summer Program

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION ACTION**  Received by DESE on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ All required documentation received by DESE on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Request **Approved** on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request **Denied** on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Reason for denial attached)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (ESE Liaison signature) (ESE Supervisor signature) ( ESE Director signature) |

**PLEASE NOTE:**

* A separate Form 1 must be submitted for each program to which any notification or request for approval applies.
* Staff submitting this form must review the checklist below to ensure that information submitted to the Department is complete and that all required documentation is uploaded into WBMS.
* **All statements of assurance must be signed by the agency head/executive director.**
* **For ALL notifications/requests for prior approval, the program is required to comply with the most recently approved DESE staffing plan.**
* **DESE reserves the right to conduct unannounced visits as deemed appropriate by DESE.**

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| **Immediate Notification to DESE Required** |
| **1. Unexpected building change as the result of an emergency:** |
| 1.1 Approvals, Licenses, Certificates of Inspection for the facility to which the students are relocating (Criterion 2.2). |
| 1.2 EEC Licensure, if applicable (Criterion 2.3). |
| 1.3 Copy of written notification regarding building change sent to parents/guardians, responsible school districts and state  agencies |
| 1.4 Statement of assurance signed by the agency head/executive director that states:  (1) the physical facility to which the program is temporarily relocating is free of architectural barriers and  (2) the program will have a variety of materials appropriate to the ages and abilities of the students  enrolled, and made available to all enrolled students (Criterion 13.7). |
| 1.5 Anticipated return date to original location. |
| 1.6 Description of changes to original location, if applicable, including new or update Approvals, Licenses,  Certificates of Inspection, if applicable (Criterion 2.2). |
| 1.7 Date of onsite visit conducted by DESE liaison (minimum of two weeks prior notification). |
| **2. Closure of a program or site:** |
| 2.1 Current Student Roster |
| 2.2 Copy of written notification regarding closure of program sent to responsible school districts and state agencies. |
| 2.3 Copy of written notification sent to parent(s)/guardian(s). |
| 2.4 Date program is expected to close. |
| 2.5 Transition plans for all students currently enrolled (regarding new placements sought/secured). |
| 2.6 Student transcript transfer plan to DESE for all currently enrolled and previously enrolled students. |
| 2.7 Weekly updates to DESE will be required on the transition plans/status of all enrolled students. |
| 2.8 Student transcript transfer to DESE for all students prior to the closure of the program. |

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| **15 Business Days Notification to DESE Required** |
| **3. Each 20% decrease in enrollment of students based on the most recently approved DESE student**  **enrollment:** |
| 3.1 A description of any changes the program is making in FTEs from the most recently approved DESE staffing  plan. Any changes must be detailed and justified. |
| 3.2 Number of students currently enrolled in the program. |
| 3.3 Statement of assurance signed by the agency head/executive director that states:  (1) despite the decrease in the number of enrolled students, the program will fully implement the IEPs of all  enrolled students;  (2) the program will comply with instructional grouping requirements (Criterion 10.1);  (3) the program will comply with the staffing ratios consistent with the most recently approved DESE  staffing plan (Criterion 10.1);  (4) the program will comply with age range requirements (Criterion 10.2); and  (5) the program will maintain all job positions approved in the most recently approved DESE staffing plan. |
| **4. Change in approved special education school program’s ownership:** |
| * 1. Name of former agency and name of program(s). |
| * 1. Name of new owner, name of program(s) and contact information of new owner. |
| * 1. Effective date of new ownership. |
| * 1. New organizational chart resulting from the change in program ownership (Criterion 11.9). |
| * 1. Most recently approved DESE staffing plan. |
| * 1. Copy of notification letters sent to parent(s)/guardian(s), responsible school districts and state agencies. |
| * 1. Verification that updates have been made in Directory Administration at the agency, school and program levels. |
| **5. Change in approved special education school program’s name:** |
| 5.1 Name of agency. |
| 5.2 Name of current program. |
| 5.3 New name of program. |
| 5.4 Effective date of new program name. |
| 5.5 Most recently approved DESE staffing plan. |
| 5.6 Copy of notification letter sent to parent(s)/guardian(s), responsible school districts and state agencies. |
| 5.7 Verification that updates have been made in Directory Administration at the agency, school and program levels. |
| **6. Vacancy in an approved staff position not filled by another appropriately licensed or waivered staff**  **person that has a direct impact on the service delivery to students:** |
| 6.1 Copy of the written notification letter sent to parent(s)/guardian(s), responsible school districts and state agencies of  students affected by the vacancy informing them how services will be delivered in light of vacancy. |
| 6.2 Narrative of the efforts the program is making to fill the vacancy. |
| 6.3 Description of the alternative methods for provision of services. |
| 6.4 Once vacancy is filled notification to DESE with the UFR number, Full Time Equivalent, name and a copy of the  license/Massachusetts Professional License of the person now serving in this position. |
| 6.5 Plans for compensatory services, if applicable. |
| **Prior Approval from DESE Required** |
| **7. Proposed changes to program building(s)/physical facilities that are not due to an emergency, but are**  **related to relocation, renovation or expansion of building(s):** |
| 7.1 Approvals, Licenses, Certificates of Inspection (Criterion 2.2) as applicable. |
| **7.2 Please note: If the approved special education school program is moving to a new town or city, school committee**  **approval must be obtained from the new community prior to the move.** |
| 7.3 EEC Licensure, if applicable (Criterion 2.3). |
| 7.4 Expected date construction will begin and will be completed as well as the impact on students, if any. |
| 7.5 Expected date that the building(s)/facility(ies) will be available for an onsite visit by DESE (following completion of  construction) and submission of approvals and licenses identified in Criterion 2.2 prior to use by students. |
| 7.6 Statement of assurance signed by the agency head/executive director that states:  (1) the physical facility to which the program is relocating is free of architectural barriers and accessible to people with  limited physical mobility (Criterion 13.4);  (2) the program will have a variety of materials appropriate to the ages and abilities of the students, and are made  available to all students (Criterion 13.7); and  (3) students will not use the building until the Form 1 is approved by DESE.  **NOTE: Current Approvals, Licenses, Certificates of Inspection must be provided to OASES a minimum of two weeks prior to DESE conducting an onsite visit to approve the building(s)/facility(ies) for student use. Please plan accordingly.** |
| **8. Request to increase or decrease the ages of the students OR change the gender of students being**  **served:** |
| 8.1 Proposed Program and Student Description, clearly identifying the proposed changes in age or gender of population(s)  previously approved by DESE. Please highlight any of the requested changes from the most recently approved program  and student description so it is clear what changes are being requested (Criterion 1.2). |
| 8.2 Description of how bathroom and locker facilities will be utilized by students. For residential programs, please describe  how bathroom, bedroom and other areas of the residence will be utilized by both genders, if applicable. |
| 8.3 Statement of assurance signed by the agency head/executive director that states:  (1) all teachers in the program are appropriately licensed to provide instruction for the age range, subject area and grade  level they are teaching and  (2) that instructional groupings will not exceed the forty-eight month age range requirements. |
| **9. Each proposed 20% increase in enrollment of students based on the most recently approved DESE**  **student enrollment:** |
| 9.1 Number of students currently enrolled in the approved program; |
| 9.2 Proposed number of students to be enrolled in the program; |
| 9.3 Most recently approved DESE staffing plan; |
| 9.4 A description of any changes the program is requesting in Full Time Equivalents (FTEs)based on the most recently  approved DESE staffing plan. Any changes must be detailed and justified**.**  **NOTE: Increases in FTEs for direct care positions to meet the needs of the students must be proportionate to the increase in students and consistent with the school program’s approved staffing ratio.** |
| 9.5 Statement of assurance signed by the agency head/executive director that states:  (1) the program will comply with instructional grouping requirements (Criterion 10.1);  (2) the program will comply with the staffing ratios consistent with the most recently approved DESE staffing plan  (Criterion 10.1);  (3) the program will comply with age range requirements (Criterion 10.2);  (4) following the approval of the proposed increase in the number of enrolled students, the program will continue to  implement the IEPs of all students; and  (5) the program will continue to operate and implement services to students as most recently approved by DESE. |
| **10. Adding, eliminating, or changing staff positions** |
| 10.1 If adding a new position, a job description, the UFR number, amount of FTE that is being requested and the  justification for the reason the position is needed. |
| 10.2 If eliminating a position, a description of how those services will be provided in the absence of the staff. |
| 10.3 If changing a position, a description of how the needs of the students will continue to be met, the UFR number and  amount of FTE that is being requested to change. If changing across more than one UFR, please indicate both and the  FTE’s for each along with a detailed explanation. |

**Guidance for Completing Form 1: Notification/Request for Prior Approval of Substantial Changes**

**Within An Approved Special Education School Program**

The Department of Elementary and Secondary Education (DESE) Office of Approved Special Education Schools has developed this written guidance to approved special education school programs to clarify reporting requirements for certain changes to its program(s) that are proposed and/or unexpected, as well as the supporting documentation that must be submitted with the

Form 1. All approved special education school programs seeking to make changes to approved program(s) must complete a *Form 1: Notification/Request for Prior Approval of Substantial Changes within an Approved Special Education School Program*. All approved special education school programs must attach a **narrative** description that directly pertains to the program’s notification or request for prior approval of substantial changes. The narrative must include a rationale for such changes, the required documentation referenced on pages 2-4 of the Form 1, and any other information that the program believes justifies its request. The applicable monitoring criteria that relate to that required documentation can be found at <https://www.doe.mass.edu/oases/sa-nr/criteria-standards.docx>. Please note that the checklists provided below and on pages 2-4 have been developed as tools for your program to use. While the approved special education school programs are not required to complete or submit the checklist, all programs must refer to the documentation requirements in order to ensure that appropriate documentation is submitted with the Form 1.

**DESE requires approved special education school programs make immediate notification to DESE under the following circumstances:**

* **An unexpected program building change(s) that is the result of an emergency**. This means any change(s) to a program building (school or residence) due to unexpected circumstances, such as a fire or flood. It is important for the program to clearly and completely describe the change(s), the emergency circumstances that led to the change(s), the impact of the change(s) on enrolled students, and the program’s plan to address the emergency circumstances that led to the change(s). The program must also submit the required documentation indicated on page 2.
* **Closure of a program**. If a program must close suddenly or if a program is planning to close by a specified date, regardless of the reason, it must immediately notify DESE and provide the required documentation on page 2. It is important for the program to develop and submit to DESE a written transition plan for all enrolled students. This plan must address outreach and collaboration with parent(s)/guardian(s), sending public school districts, state agencies and other funding sources, and the steps the program will take to ensure all students transition smoothly to an appropriate, alternate placement.

**DESE requires approved special education school programs to notify DESE within 15 business days of the existence of any of the following circumstances:**

* ***Each* time there is a 20% decrease in enrollment of students based on the most recently approved DESE staffing plan**. For example, if the program is approved to serve 100 students, each time there is a decrease of 20 students, the program must notify ESE. The program must describe how it will continue to meet the needs of enrolled students and submit required documentation indicated on pages 2-3.
* **A change in the program’s ownership.** If another individual or agency will assume ownership of the program it is important for the program to describe how this transition will take place and the impact this change of ownership will have on the structure of the program, its staffing and/or service delivery to students. The program must submit an organizational chart clearly indicating any changes to the staffing and/or structure of the program, and the most recently approved DESE staffing plan, as required on page 3.
* **A change in the program’s name**. If the agency wishes to change the name of the program, the program must submit the name of the agency that has oversight, the program’s former and new names and the most recently approved DESE staffing plan, as required on page 3.
* **Vacancy in an approved staff position not filled by another appropriately licensed or waivered staff person that has a direct impact on the service delivery to students.** The program must provide specific written notification of the vacant position, must clearly describe the alternative method for providing these services to students while attempting to fill the vacant position, and its plan for compensatory services, if applicable. While the program may *temporarily* fill a vacant position with a substitute teacher, it must notify DESE if substitute teachers are being used and must provide documentation of its efforts to fill the position with an appropriately licensed staff person. The program must also provide notification of the staff vacancy to parent(s)/guardian(s), the sending public school districts and funding agencies for only those students affected by the vacancy and not receiving services as indicated on their IEPs.

**DESE requires *prior* notification and *prior* DESE approval of proposed changes to programs before changes can be implemented in the following circumstances**:

* **Changes to program building(s)/physical facilities that are not due to an emergency but are related to relocation, expansion or renovation of building(s).** This refers to changes to program buildings/physical facilities that are planned, including renovations to an existing building as well as and construction of a new building. DESE will notify the agency that the Form 1 has been received and once the program submits all required documents as indicated on pages 3-4, DESE will review such documentation and will render an approval status based upon the narrative, documentation submitted, and, in most cases, a site visit. **Please note: Current Approvals, Licenses, Certificates of Inspection must be provided to DESE a minimum of two weeks prior to DESE conducting an onsite visit to approve the building(s)/facility(ies) for student use. Please plan accordingly**. Approval of this request will not result in any type of rate adjustment at the time of approval of the Form 1. If the program wishes to request approval of a rate adjustment directly resulting from a building change it may do so through the program reconstruction process, when eligible. Approval of a Form 1 for building changes will not automatically result in DESE approval of a reconstruction application. DESE reserves the right to review all changes made and the impact such building changes may have on the program’s rate upon the program’s submission of a program reconstruction application.

Please Note: **A separate Form 1 must be submitted for each program to which any notification or request for approval applies.**

* **Request to change the ages OR gender of the students being served**. In the case of a request to change the ages of students served, the program must fully describe in its Form 1 submission how it is prepared to meet the needs of either younger or older students in terms of student groupings, staffing and curriculum. In the case of a request to change the gender of the students served, the program must clearly describe any special provisions it must make to successfully accommodate and serve students of a different gender. The program must also submit all required documentation as indicated on page 4.
* **Each 20% increase in enrollment of students based on the most recently approved DESE staffing plan. A new request for prior approval is required for each additional 20% increase in student enrollment thereafter.** For example, if the program is approved to serve 50 students, each time the program seeks to increase its enrollment by ten students it must request prior approval from DESE. The program must describe how it will meet the needs of currently enrolled students, how it will meet the needs of newly enrolled students and submit required documentation as indicated on page 3 to include all proposed increases in FTEs for direct services positions to meet the needs of the students that are proportionate to the increase in students and consistent with the program’s approved staffing ratio. The program must continue to operate and implement services to students as most recently approved by DESE including maintaining approved staffing ratios, age range requirements and implementing the IEPs of all students.
* **Adding, eliminating or changing staff positions**. DESE recognizes there may be a need for an approved special education school program to make changes to staff positions in order to be able to meet the ongoing needs of students enrolled in the program. The program must provide DESE with a detailed rationale for any proposed changes in staffing and must submit all required documentation as indicated on page 4 of the Form 1. It is important to note that DESE will thoroughly review this request along with all supporting documentation and will render an approval based upon the rationale and documentation submitted. Approval of this request will not result in any type of rate adjustment at the time of approval of the Form 1. If the program wishes to apply for approval of a rate adjustment directly resulting from changes to staffing, it may do so through the program reconstruction process, when eligible. Approval of a Form 1 for changes to staffing will not automatically result in DESE approval of a reconstruction application. DESE reserves the right to review any and all staffing changes made by the program and the impact such staffing changes may have on the program’s rate upon the program’s submission of a program reconstruction application.