



# Massachusetts Department of Elementary and Secondary Education Program Quality Assurance Services

**Form 1:  
NOTIFICATION / REQUEST FOR PRIOR APPROVAL  
OF SUBSTANTIAL CHANGES WITHIN A  
PUBLIC/PRIVATE SPECIAL EDUCATION SCHOOL PROGRAM**

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

**Directions:** Attach a narrative description for the applicable Notification or Request for Prior Approval of the substantial change(s); including the program's rationale for such change(s); the required documentation listed on pages 2 and 3 of this form and in the applicable monitoring criteria; and any other information that the program believes justifies such request(s).

**Fax or send this notice to:** Director, Program Quality Assurance Services, Massachusetts Department of Elementary and Secondary Education, 75 Pleasant Street, Malden, MA 02148-4906 – Fax: 781-338-3710

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

**NOTIFICATION TO ESE REQUIRED: Note the applicable specific timeline required for each notification**

**Immediate notification for:**

- \_\_\_ unexpected building change as the result of an emergency
- \_\_\_ change in program's financial status that either impacts health and safety of students or service delivery to students
- \_\_\_ closure of a program.

**5 working days notification for:**

- \_\_\_ 10% decrease in enrollment of students based upon the last approved ESE Program Budget
- \_\_\_ change in program's legal status
- \_\_\_ vacanc(ies) in approved staff positions not filled by another appropriately licensed staff person that have a direct impact on the service delivery to students.

**PRIOR APPROVAL FROM ESE REQUIRED BEFORE CHANGES MAY OCCUR:**

- \_\_\_ changes unrelated to an emergency to school building(s)/physical facilities, or relocation and/or expansion of building(s)
- \_\_\_ changes in ESE required policies and procedures that indicate continued adherence to regulatory requirements
- \_\_\_ request to increase or decrease the ages of the students being served
- \_\_\_ 10% increase in enrollment of students based on the last approved ESE Program Budget
- \_\_\_ adding, removing or changing staff positions that will not result in a rate change.

Public/Private School Program Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Name of Program: \_\_\_\_\_ Program Contact Person: \_\_\_\_\_

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

Address of Program: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

\_\_\_ Day School OR \_\_\_ Residential School

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

**DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION ACTION:**

Request received in Department of Elementary and Secondary Education on \_\_\_\_\_

**APPROVAL STATUS:**

Request for Change Approved on: \_\_\_\_\_

Request for Change Disapproved on: \_\_\_\_\_ (Reason for disapproval is attached.)

(Liaison, Program Quality Assurance)

(Supervisor, Program Quality Assurance)

(Director, Program Quality Assurance)

Public and Private School Program Staff Completing Page 1 of this form should review the "Documentation Requirements" checklist below to ensure that information submitted to the Department is complete and that it responds to all Form 1 information requirements.

Pages 2 and 3 to be completed by ESE only:

INTERNAL RECORD OF DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION ACTION:

Form 1 Received in Department of Elementary and Secondary Education on: \_\_\_\_\_ Form 1 Reviewed on: \_\_\_\_\_

ACTION TAKEN:

Form 1 reviewed, and program's action plan determined to be acceptable
Follow-up telephone inquiry or e-mail contact with the program made on: \_\_\_\_\_
Inquiry made by: \_\_\_\_\_
(Summary of telephone inquiry or e-mail contact attached.)

Onsite visit pursuant to this report conducted on: \_\_\_\_\_ Conducted by: \_\_\_\_\_

Site visit report and any notice of required corrective action issued to program on: \_\_\_\_\_ (Copy attached)

Checklist of Necessary Information Required for Form 1's: NOTIFICATION:

Required documentation for the monitoring criteria listed below can be found: http://www.doe.mass.edu/pqa/review/psr/instrument.doc

Received and determined acceptable

Not Submitted or not acceptable

IMMEDIATE NOTIFICATION IS REQUIRED

Unexpected building change as the result of an emergency
Approvals, Licenses, Certificates of Inspection (criteria 2.2)
EEC Licensure if applicable (criteria 2.3)
Physical Facility/Architectural Barriers (criteria 13.4)
Anticipated return date to original location

Change in program's financial status that either impacts the health and safety of students or the service delivery to students
Current IEP and Student Roster (criteria 8.5)
Staffing for Instructional Groupings (criteria 10.1)
Teachers (Special Education Teachers and Regular Education Teachers) (criteria 11.4)
Master Staff Roster (criteria 11.6)

Closure of a program
Current IEP and Student Roster (criteria 8.5)
Written notification sent to funding sources
Written notification sent to parents/guardians
Date program is expected to close
Transition status/plan for all students currently enrolled regarding new placements sought/secured
Student Record transfer plan for all students enrolled and for all prior students
Weekly or monthly updates to ESE on the Transition status/plan for all students enrolled
Weekly or monthly updates to ESE on the Student Record transfer plan for all students

5 WORKING DAYS NOTIFICATION IS REQUIRED

10% decrease in enrollment of students based on the last approved ESE Program Budget
Current IEP and Student Roster (criteria 8.5)
Staffing for Instructional Groupings (criteria 10.1)
Age Range (criteria 10.2)
Teachers (Special Education Teachers and Regular Education Teachers) (criteria 11.4)
Master Staff Roster (criteria 11.6)

Change in program's legal status
Organizational structure (criteria 11.9)

Vacanc(ies) in approved staff positions not filled by another appropriately licensed staff person that have a direct impact on the service delivery to students
Master Staff Roster (criteria 11.6)
Notification letter sent to parents/guardians and funding sources of vacanc(ies)

Efforts school is making to fill vacanc(ies) Plan school has to provide compensatory services if applicable		
<b>Checklist of Necessary Information Required for Form 1's: <u>PRIOR APPROVAL:</u></b>		
<b>Required documentation for the monitoring criteria listed below can be found:</b> <a href="http://www.doe.mass.edu/pqa/review/psr/instrument.doc">http://www.doe.mass.edu/pqa/review/psr/instrument.doc</a>	<b>Received and determined acceptable</b>	<b>Not Submitted or not acceptable</b>
<b>Changes unrelated to an emergency to school building(s)/physical facilities, or relocation and/or expansion of building(s)</b> Approvals, Licenses, Certificates of Inspection (criteria 2.2) EEC Licensure if applicable (criteria 2.3) Physical Facility/Architectural Barriers (criteria 13.4) Library/Resource Room (criteria 13.7) Expected date construction will begin and will be completed and the impact on students, if any Expected date of onsite visit from ESE liaison Written assurance that students will not use the building until the Form 1 is approved by ESE Written assurance stating that proposed changes will not result in a request for a rate change		
<b>Changes in ESE required policies and procedures that indicate continued adherence to regulatory requirements</b> Copy of program's previous policy Copy of program's proposed policy Criteria number in ESE monitoring booklet and/or regulation number Written notification that will be sent to parents/guardians and funding sources once policy is approved by ESE		
<b>Request to increase or decrease the ages of the students being served</b> Program and Student Description (the 1 <sup>st</sup> 5 bullets of criteria 1.2) Staffing for Instructional Groupings (criteria 10.1) Age Range (criteria 10.2) Teachers (Special Education Teachers and Regular Education Teachers) (criteria 11.4)		
<b>10% increase in enrollment of students based on the last approved ESE Program Budget</b> Current IEP and Student Roster (criteria 8.5) Staffing for Instructional Groupings (criteria 10.1) Age Range (criteria 10.2) Teachers (Special Education Teachers and Regular Education Teachers) (criteria 11.4) Related Services Staff (criteria 11.5) Master Staff Roster (criteria 11.6)		
<b>Adding, removing or changing staff positions that will not result in a rate change</b> Current Master Staff Roster (criteria 11.6) Proposed Master Staff Roster (criteria 11.6) Written assurance stating that proposed changes will not result in a request for a rate change Written notification that will be sent to parents/guardians and funding sources once change has been approved by ESE		