

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

<b>Form 3: INTENT TO APPLY FOR INITIAL OR RECONSTRUCTED PROGRAM APPROVAL</b>
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Date of this notice: \_\_\_\_\_

School District/Collaborative or Private School Name: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name of Program: \_\_\_\_\_

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

Day School Program     Residential School Program

ESE Private School Program Code Number (for a Reconstructed Program): \_\_\_\_\_

10-month Program     11-month Program     12-month Program     Summer Program

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

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

Name of Person to be contacted: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Pursuant to applicable regulations and Department of Elementary and Secondary Education requirements, this school is hereby providing written notification to the Department of Elementary and Secondary Education of its intent to apply for: (Check one below)

Initial approval of a newly established public or private day or residential school program. Please attach a brief description of the rationale for the establishment of this new program. Such description must at a minimum contain information regarding the proposed number of students to be served, the gender and age range of the students, the nature of the special education needs of the students and the proposed location of the program. (Refer to Approval Criterion 1.1)

**(For Private Schools Only)** Approval of Reconstruction of an existing approved day or residential program. Please attach a brief description of the program that is currently approved by the Department of Elementary and Secondary Education together with the justification for program reconstruction. Such description must at a minimum contain information regarding the number of students currently in the program, the gender and age range of the students and a list of all currently approved programs to be reconstructed. Additionally, attach documentation that the private school has made notice to all school districts and other purchasers regarding (1) the intent of the private school to reconstruct this program and (2) information regarding the program's proposed tuition price increase, if any.

**Specifically, when it is anticipated that a change in the approved private school program will result in a request for tuition adjustment, through**

- Program Reconstruction Application,
- Special Circumstances Request for Salary Upgrades,
- New Program Applications submitted by corporations closing existing C766 approved private special education school programs, except for New Program Applications filed at the request of a Massachusetts LEA or state purchasing agency, and
- Applications for program consolidations

**the approved private school program must document to the Department with this notice that:**

1. It has informed all purchasers of the change and any potential for a resulting tuition adjustment before October 1st of each year to be considered for rate adjustments to go into effect the following fiscal year;
  2. Provide a listing of the public school districts in which the program's students currently reside, the number of students from each school district and the annual tuition increase impact on each school district;
  3. Provide a Master Staff Roster clearly indicating changes in FTE's as a result of the substantial change (i.e., increase or decrease in student enrollment) and a corresponding Program Budget; and
- Additionally, for Program Reconstruction Applications, the approved private school program must document to the Department with this notice that:
1. It has invited comment from all purchasers regarding such change(s);
  2. It has considered and responded to all comments;
  3. Provide a written summary of all substantial changes that have occurred within the private school over the past year.

Within 10 days of receipt of this notice, the Department will be in contact with the program to schedule an onsite visit to review required application procedures and related approval standards.

**Return this notice to:**      **Director, Program Quality Assurance Services**  
**Massachusetts Department of Elementary and Secondary Education,**  
**75 Pleasant Street, Malden, MA 02148-4096**

<b>DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION ACTION:</b>	
Notification received in Department of Elementary and Secondary Education on _____	
Notification reviewed on: _____ Reviewed by: _____	
Followup telephone contact with the program made on: _____ Contact made by: _____	
Onsite visit pursuant to this notification made on: _____ Conducted by: _____	
_____ (Liaison, Program Quality Assurance Services)	_____ (Supervisor, Program Quality Assurance Services)