

Notification of Intent to Seek Approval for Individual Student Program

603 CMR 28.06(3)(e)(4)

Directions: A school district must annually complete and submit:

1) all three pages of this form; and

2) the specified supporting documentation described on page 3 "Required Documentation Assurance Checklist".

Prior approval for an individual student must be obtained from the Department whenever a school district intends to place a student in a program that has not been approved by the Department.

Section I: Student Information

Student's First Name: _____ MI: _____ Last Name: _____

Date of Birth: ____/____/____ Male/Female Disability: _____

SASID Number: _____ Date of Current IEP: ____/____ to ____/____
(MM/YY to MM/YY)

Section II: School District Information

School District Name: _____ School District Code: _____

School District Contact Person: _____

Contact Address: _____

Telephone: () _____ E-mail: _____

Section III: Justification

The school district shall, in all circumstances, first seek to place a student in a program approved by ESE pursuant to the requirements of 603 CMR 28.09. Preference shall also be given to approved programs located within the Commonwealth of Massachusetts if the choice of such program is consistent with the needs of the student and choice of such program complies with LRE requirements. (603 CMR 28.06(3)(d)).

Briefly describe why the student is being placed in the program setting. Include any and all steps taken to ensure:

1) that the school district first sought placement in an approved program; and 2) that preference was given to approved programs in the Commonwealth of Massachusetts.

Section IV: Student Placement Information

Circle One: Day School OR Residential

Circle One: Initial Placement OR Renewal

FOR THIS APPLICATION:

Proposed Placement Start Date: ____/____/____

Proposed Placement End Date: ____/____/____

FOR PREVIOUS APPLICATION (if applicable):

Initial placement date at unapproved school: _____

Authorized annual tuition for the prior IEP period: _____

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Section V: Special Education Placement Information

Agency Name: _____ Primary Contact Person: _____

Agency Address: _____

Agency Telephone: () _____ E-mail: _____

School/Program Name: _____ Program Code: _____ - _____ - _____ (4 digits)

School/Program Address: _____

School/Program Telephone Number: () _____ E-mail: _____

Section VI: Public School District Special Education Administrator's Statement of Assurances

I hereby certify the following:

- (1) The student has a current, signed IEP AND PL1.
- (2) All appropriate ESE-approved programs have been pursued and those facilities have indicated that they cannot serve this student.
- (3) All required documentation as indicated on the attached checklist has been completed, and has been either sent to ESE where applicable or maintained in the student record where applicable, including a separate monitoring plan developed by the sending public school district.
- (4) The placement sought can provide the program and services in this student's IEP in appropriate settings by appropriately credentialed staff, such that the program can a) properly implement the student's IEP; b) provide for the student's health and safety; and c) provide the student with all of the safeguards to which the student is entitled under federal and state special education laws.
- (5) The placement sought (if in MA) has local school committee approval, or, if out-of-state, has the approval of the host state.
- (6) The school district is responsible for ensuring that this student participates in MCAS testing (on demand or alternate) as required.
- (7) SIMS data will be updated upon ESE approval for the placement.

Print Name of Special Education Administrator

School District

Signature of Special Education Administrator/School District

Date: MM/DD/YY

Section VII: Private School Special Education Administrator's Statement of Assurances

I hereby certify that the price to be charged by this facility is the lowest rate charged to any other purchaser of equivalent services, and the school will abide by ESE regulations, including, but not limited to 603 CMR 28.06(3)(f).

Print Name of Special Education Administrator

Private School

Signature of Special Education Administrator/Private School

Date: MM/DD/YY

DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION ACTION:

Date Form Received: ____ / ____ / ____ ESE Support Staff Member Initials: _____ Application Complete: YES/NO

Additional Information Requested: _____ Additional Information Received: _____

ESE Staff Signature: _____ Date Approved: ____ / ____ / ____

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Note to School District: As required under 603 CMR 28.06(3)(e)(4)(ii), the Department will notify the school district within ten days of receipt of this form if there are any objections to the program.

Required Documentation Assurance Checklist	Check box to indicate completion.
<ul style="list-style-type: none"> • Send all documentation related to Section 4 #1 and #2, and Section 5 to ESE. • *Send the documentation related to Section 4 #3 to ESE <u>only if</u> the placement is a Residential placement. • All other documentation referenced in Sections 1, 2, and 3, a copy of the completed form, and copies of the documents sent to ESE must be kept on file locally for review when ESE completes the next scheduled Coordinated Program Review, and is to be made available to ESE at other times upon request. 	<input type="checkbox"/>
<p>Section 1: Comprehensive Search for an Available Approved Program - to be kept on file locally</p> <ul style="list-style-type: none"> • For initial placements: Justification and accompanying documentation should demonstrate a comprehensive search for placement options in approved settings and reasons why such settings are unable to provide services. • For renewals: Justification and accompanying documentation should demonstrate why the placement sought continues to be appropriate. 	<input type="checkbox"/>
<p>Section 2: Evaluation of the Appropriateness of the Program - to be kept on file locally</p> <p>Detailed documentation should demonstrate a thorough evaluation of the placement sought, including evidence of site visit or rationale for not having conducted site visit, to ensure the following:</p> <ul style="list-style-type: none"> • That the program can appropriately implement the student's IEP in a safe and educationally appropriate environment. • That the facility can and will provide the student with all rights that are accorded to the student under federal and state special education law. • That the school staff has the appropriate special education certification, licensure or registration. 	<input type="checkbox"/>
<p>Section 3: Approval to Operate the Program – to be kept on file locally</p> <ul style="list-style-type: none"> • For in-state programs: Copy of the local school district's approval to operate a private school in Massachusetts. • For out-of state programs: Copy of the host state's approval to operate a private school or, if the host state does not have an approval process, then documentation from the program of its reputable accreditation. 	<input type="checkbox"/>
<p>Section 4: Pricing Information about the Program - to be sent to ESE</p> <ul style="list-style-type: none"> • For in-state programs: <ol style="list-style-type: none"> 1. Completed Pricing Forms using forms from the Operational Services Division (OSD) of Purchased Services within the Executive Office for Administration and Finance; 2. Signed Written Contract for the Placement 3. *Placement Consent Form (PL1(3-5) or PL1(6-21)) and signed IEP [send to ESE for Residential Placement only] • For out-of state programs: <ol style="list-style-type: none"> 1. Statement Setting Tuition Rate by the Host State 2. Signed Written Contract for the Placement 3. *Placement Consent Form (PL1(3-5) or PL1(6-21)) and signed IEP [send to ESE for Residential Placement only] 	<input type="checkbox"/>
<p>Section 5: District Monitoring Plan - to be sent to ESE</p> <ul style="list-style-type: none"> • Documentation of school district plan to ensure that the program is implementing the IEP. <p>Note: The school district must also regularly update the student file based on actual monitoring it conducts as a result of monitoring activities.</p>	<input type="checkbox"/>

Mail form to: Attn: Private School Supervisor
 Massachusetts Department of Elementary and Secondary Education
 Program Quality Assurance Services
 350 Main Street, Malden, MA 02148