**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. The only exception is unless a settlement agreement stipulates dates prior to the request by the school district

**Section I: Student Information**

Student’s First Name: MI: Last Name:

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

SASID Number: Date of Current IEP: / / to / /

**Section II: Public School District Information**

Public School District Name: Public School District Code:

Public School District Contact Person:

Contact Address:

Telephone of contact: ( ) E-mail of contact:

**Section III: Justification**

The school district shall, in all circumstances, first seek to place a student in a program approved by DESE 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:

**Initial request:**

**1) List what Massachusetts approved special education schools were first considered and**

**2) Why the Team determined the unapproved program to be the appropriate educational setting for this student**

**Renewal request:**

**1) Provide a statement explaining why the Team determined the unapproved program continues to be the appropriate educational setting for this student**

**Section IV: Student Placement Information**

**Circle One:** Day School **OR** Residential Program

Day Summer Program **OR** Residential Summer Program

**Circle One:** Initial Placement **OR** Renewal

**FOR THIS APPLICATION:**

Proposed Placement Start Date: / / (MM/DD/YYYY)

Proposed Placement End Date: / / (MM/DD/YYYY)

**FOR RENEWAL REQUEST (if applicable):**

Initial placement date at unapproved school: \_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

Authorized annual tuition for the prior IEP period: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Section V: Unapproved Special Education School Placement Information**

Agency Name: Primary Contact Person:

Agency Address:

Telephone of primary contact: ( ) E-mail of primary contact:

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

School/Program Address:

**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 DESE approved special education programs have been pursued and those educational programs 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 DESE 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 Massachusetts) 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 DESE approval for the placement.

 Print Name of Special Education Administrator School District

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Special Education Administrator/School District Date: MM/DD/YYYY

**Section VII: Unapproved Special Education School Special Education Administrator’s Statement of Assurances**

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

Print Name of Special Education Administrator Unapproved Special Education/School

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Special Education Administrator/ Unapproved Special Education School Date: MM/DD/YYYY

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

Date Form Received: / / DESE Support Staff Member Initials:

Date Additional Documentation Requested: Date additional Documentation Received:

Date All Documentation submitted:

ESE Staff Signature: Date:

|  |  |
| --- | --- |
| Required Documentation Checklist | Check boxto indicate completion |
| **Section 1: Evaluation of the Appropriateness of the Unapproved Program - to be kept on file locally in the public school district**Detailed documentation must demonstrate a thorough evaluation of the unapproved placement sought, including evidence of site visit or rationale for not having conducted site visit, to ensure the following:* That the program can appropriately implement the student’s IEP in a safe and educationally appropriate environment.
* That the program 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 in the unapproved program has the appropriate special education certification, licensure or registration.
 | [ ]  |
| **Section 2: Approval to Operate the Program – to be kept on file locally in the public school district*** **For in-state programs:** Copy of the program approval to operate an approved special education school in Massachusetts.
* **For out-of state programs:** Copy of the host state’s approval to operate an approved special education school or, if the host state does not have an approval process, then documentation from the program of its reputable accreditation.
 |  [ ]  |
| **Section 3: Pricing Information about the Unapproved Program - to be sent to DESE*** **For in-state programs:**
1. Completed Pricing Forms using forms from the Operational Services Division (OSD) of Purchased Services within the Executive Office for Administration and Finance;

For Residential programs ONLY: 1. Completed Placement Consent Form (PL1(3-5) or PL1(6-21)) and signed IEP (parent and school signatures).
* **For out-of-state programs:**
1. Completed Pricing Forms using forms from the Operational Services Division (OSD) of Purchased Services within the Executive Office for Administration and Finance or Statement Setting Tuition Rate by the Host State

 For Residential programs ONLY: 1. Completed Placement Consent Form (PL1(3-5) or PL1(6-21)) and signed IEP (parent and school signatures).
 | [ ]  |
| **Section 4: Contract – to be sent to DESE*** School districts shall enter into signed written contracts with all out-of-district placements.
* Contract Requirements (<http://www.doe.mass.edu/lawsregs/603cmr28.html?section=06>)
 | [ ]  |
| **Section 5: Public School District Monitoring Plan - to be sent to DESE*** Documentation of public school district’s plan to ensure that the program is implementing this student’s IEP (number of announced or unannounced onsite visits planned for the year, progress reports, dates of IEP meetings, or how often phone calls will occur)

**NOTE:** **The public school district must also regularly update the student file based on actual monitoring it conducts as a result of monitoring activities (include a summary of the onsite visit that specifies the date and time, receipt of progress reports from the unapproved program dates onsite or participation in IEP meetings or documentation of phone calls with staff from the unapproved program).** | [ ]  |

Note to Public School District: As required under 603 CMR 28.06(3)(e)(4)(ii), the Department will notify the

public school district within ten school days of receipt of this form if additional documentation is required.

NOTE: All documentation referenced, a copy of the completed form, and copies of the documents sent to DESE must be kept on file locally in the public school district and be available for review when DESE completes the next scheduled Coordinated Program Review, and is to be made available to DESE at other times upon request.

**Mail form to: Catherine Fanning, Problem Resolution System Office**

**Massachusetts Department of Elementary and Secondary Education**

**75 Pleasant Street, Malden, MA 02148**