

**Private School or Facility
Special Education Program Services
APPLICATION PACKET**

**For Programs Serving Students
With Disabilities**



**Idaho Department of Education
Special Education**

**Sheri Ybarra
Superintendent of Public Instruction
P.O. Box 83720
Boise, ID 83720-0027**



Return this application to:
Idaho Department of Education
Special Populations Coordinator
P.O. Box 83720
Boise, ID 83720-0027
(208) 332-6910

**PRIVATE SCHOOL OR FACILITY APPLICATION
PACKET FOR INITIAL APPLICATIONS AND
RENEWALS
For Programs Serving Students with Disabilities**

GENERAL INFORMATION

Agency Name	Telephone
Address	Fax
City/State/Zip	Email

Chief Administrator
Contact Person

Date Submitted: _____ ☐ Initial Application ☐ Renewal

Note: SDE Special Education approval of a private school or facility does not guarantee that the private school or facility will be contracted for services by a LEA.

ORGANIZATIONAL INFORMATION

Organizational Structure (check all that apply)

<input type="checkbox"/>	Religiously Affiliated	<input type="checkbox"/>	Developmental Center
<input type="checkbox"/>	Residential	<input type="checkbox"/>	Vocational Training Center
<input type="checkbox"/>	Day School	<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Preschool/Child Care	<input type="checkbox"/>	Other (list)

Agency Accreditation (check all that apply)

<input type="checkbox"/>	Idaho Department of Education – Northwest Accreditation Commission (NWAC), a division of AdvancED	<input type="checkbox"/>	Licensed Rehabilitation Center (please name licensing agency) <hr/>
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Disabilities Served

<input type="checkbox"/>	Specific Learning Disability	<input type="checkbox"/>	Cognitive Impairment
<input type="checkbox"/>	Speech Impairment	<input type="checkbox"/>	Language Impairment
<input type="checkbox"/>	Emotional Disturbance	<input type="checkbox"/>	Health Impairment
<input type="checkbox"/>	Orthopedic Impairment	<input type="checkbox"/>	Deafness
<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Visual Impairment
<input type="checkbox"/>	Deaf/Blindness	<input type="checkbox"/>	Multiple Disability
<input type="checkbox"/>	Developmental Delay (age 3-9 only)	<input type="checkbox"/>	Autism
<input type="checkbox"/>	Traumatic Brain Injury	<input type="checkbox"/>	

Number of Students Currently Enrolled by Age

	3-5	6-12	13-17	18-21
Total number of Students with Disabilities				
Total number of Students with Disabilities served through contracts with LEAs				
Total number of Students enrolled				
Total				

Related Services (check all that apply)

<input type="checkbox"/>	Speech Therapy	<input type="checkbox"/>	Language Therapy
<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	Physical Therapy
<input type="checkbox"/>	Licensed Psychological Services	<input type="checkbox"/>	Social Work
<input type="checkbox"/>	Behavior Intervention	<input type="checkbox"/>	Recreational Therapy
<input type="checkbox"/>	Medical and/or Health Services	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Orientation and Mobility Services	<input type="checkbox"/>	Vision Services
<input type="checkbox"/>	Hearing Services	<input type="checkbox"/>	Family Support Services
<input type="checkbox"/>	Vocational/Career Development	<input type="checkbox"/>	Independent Living Skills
<input type="checkbox"/>	Rehabilitation Counseling	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Education (reading, math, art, etc.)	<input type="checkbox"/>	Assistive Technology Service

Program Information

Briefly describe any program/service characteristics not covered in the application form.

PERSONNEL

1. List all personnel who work with special education students ages 3 through 21 years. At least one staff member must hold a valid Idaho Exceptional Child Certificate, endorsement is generalist K-12. Also list all administrative personnel, such as a principal, special education director or other school administrator, certified in an administrative area.

Name	Grade/Age Level	Idaho State Certificate or License Number	Special Education Qualifications (degrees, training, or experience)

CERTIFICATE OF ASSURANCES

Private Agency/School

(Name) _____

(Address) _____

I, _____, do hereby certify that I am the chief administrator of the above-named private school or facility and that the information contained in this Application Packet is true and correct. I further certify that the above-named private school or facility is located at the address given; that said private school or facility is scheduled to provide special education services throughout the 20__ - 20__ school year from _____ to _____; and that said private school or facility meets or will meet, at the time services are provided, the following assurances:

1. It will maintain its accreditation as a school, or if a facility, its licensing requirements.
2. It has financial safeguards in place to track the revenues and expenditures associated with contracted placements to ensure the funds are used for the students for whom they are contracted.
3. It has record retention systems in place that meet applicable government requirements for all operating, financial, personnel and student records.
4. It complies with the Individuals with Disabilities Education Act (IDEA) and its implementing regulations.
5. The program includes instructional and related services of sufficient scope to meet the needs of students with disabilities as identified on their individualized education programs (IEPs) and will fully implement each child's IEP.
6. It will coordinate with the contracting LEAs to initiate and convene IEP meetings at least annually or more often at the discretion of the LEA. Changes to IEPs will follow appropriate procedures for IEP revisions or amendments and in accordance with the contracts with LEAs.
7. It will coordinate with the contracting LEAs for any needed student reevaluations in accordance with federal and state law.
8. It will notify the contracting LEA of the need for any changes in a student's educational program and will not make any changes to a program, service or placement unless the contracting LEA consents to the changes.
9. It will provide the contracted LEAs with all educational records maintained on behalf of a contracted student.
10. It shall certify to the LEA the daily record of attendance of each contracted student.
11. All private school or facility personnel responsible for providing services to students with disabilities possess appropriate Idaho State certification or licensure. The private school or facility will provide notification to contracting public school districts, state agencies, and the Idaho State Department of Education of any changes in certificated staff or deletion of programs within **three (3) business** days.
12. All non-certified staff providing services to students with disabilities possess formal training, in-service training and/or successful experience in working with students with disabilities.
13. Each certificated and noncertificated employee, substitute staff, interns, student teachers, and all individuals who have unsupervised contact with students, will have completed and cleared a criminal history check as required by Idaho Code 33-512(15).
14. It has a system that cross-checks all contractors or other persons who have irregular contact with students against the statewide sex offender register, as required by Idaho Code 363-512(16).
15. It meets the requirements set forth in Section 504 of the 1973 Rehabilitation Act and the Americans with Disabilities Act of 1990.
16. It accepts all areas of responsibility consistent with those of state and federal regulations concerning instructional programs, confidentiality requirements, and procedural safeguards.
17. It will maintain liability insurance coverage at all times.

18. It will provide notification to all LEAs, state agencies, and the Idaho State Department of Education of any relocation of building facilities within ten working days.
19. The private school or facility is nonsectarian and uses curriculum content, teaching practices and equipment that do not violate the constitutional prohibitions that no public funds will support any school controlled by any church, sectarian or religious denomination and that no religious tests or teachings will occur. Idaho State Constitution, Article IX, Sections 5-6.
20. Its policies and procedures are accessible to parents and guardians of students receiving services from the private school or facility.

I further acknowledge that approval by the State Department of Education is contingent upon ongoing compliance with the standards certified herein and that such approval does not guarantee any contract for services with a LEA. The State Department of Education and each contracting LEA shall be notified of any deviation from these standards within thirty (30) days of the occurrence of the deviation, unless an earlier notification date is required. I understand that failure to comply with the requirements stated herein may result in the revocation of the private school or facility special education services approval and such revocation may be considered in subsequent applications for approval as a private school or facility authorized to provide special education services.

Authorized Signature

Date

Title

Telephone Number

Email Address