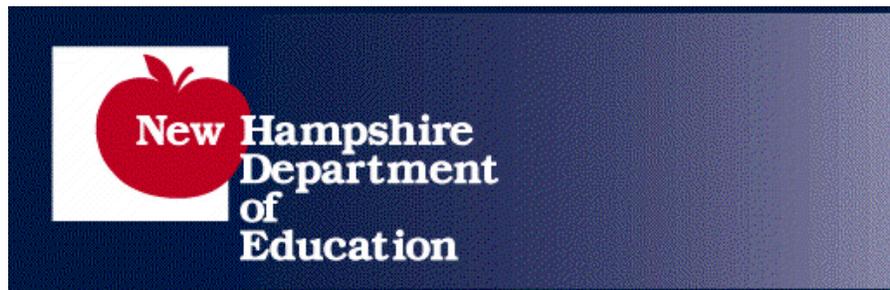


**NHDOE SPECIAL EDUCATION
FOCUSED MONITORING
PROCESS**

**APPLICATION FOR
APPROVAL OF
LOCAL EDUCATION AGENCY
SPECIAL EDUCATION PROGRAMS**

2012-2013



*Submit All Application Materials for Special Education Program Approval
DUE: November 15, 2012*

Based on New Hampshire Rules for the Education of Children with Disabilities, June 30, 2008 and IDEA 2004

APPLICATION MATERIALS AND ASSURANCES
Focused Monitoring
Compliance Component

These application materials must be completed by November 15, 2012

Please email the following to jbergero@seresc.net

- | | |
|---|--|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Copy of Determination Letters and Rubric |
| <input type="checkbox"/> Completed Focused Monitoring Self-study | <input type="checkbox"/> District Data Profile
(Found on the NHDOE website) |
| <input type="checkbox"/> All Current Special Education Policies and Procedures | |

In addition to email, additional application materials may be mailed to:

Jane Bergeron-Beaulieu
SERESC
29 Commerce Dr.
Bedford, NH 03110

SAU #/Name:
School District(s):
Superintendent of Schools:
Special Education Director:

SIGNATURES:

Superintendent of Schools

Date

Director/Coordinator of Special Education

Date

**New Hampshire Department of Education Special Education Program Approval and Improvement Process
APPLICATION MATERIALS FOR SPECIAL EDUCATION APPROVAL OF
LOCAL EDUCATION AGENCIES**

**CURRENT PROGRAM INFORMATION - COMPLETE ONE FORM FOR EACH SCHOOL
(Complete Preschool Programs on next page)**

COMPLETE ONE CURRENT PROGRAM INFORMATION FORM FOR EACH SCHOOL WITHIN THE DISTRICT

Date:	Name & Title of Contact Person:	Email:	Phone:			
School Name:	SAU#	Street, City, State & Zip:				
<u>Name of Program(s)</u>	<u>Grade(s)</u>	<u>Age Range</u> <i>(See Bureau of Special Education FY'07 Memo #26, public schools are required to comply with this)</i>	<u>Program Capacity</u> Programs must comply with Ed. 1113.10 (e) and (f) Class Size and Age Range.	<u>Disabilities</u> Autism, Deaf-Blindness, Deafness, Developmental Delay, Emotional Disturbance, Hearing Impairments, Intellectual Disability, Multiple Disabilities, Orthopedic Impairment, Other Health Impairments, Specific Learning Disability, Speech-Language Impairments, Traumatic Brain Injury, Visual Impairments	<u>Environment</u> (Choose <u>Only One</u>) Resource Room or Self-Contained	<u>Type</u> School Year or Summer <i>*See definitions below</i>

* **School Year Program** = Program operates during the typical school year calendar. This program might run 180 days, and would have no program during the summer. Private entities must submit a rate setting application for the school year program. NHDOE will establish a school year rate.

Summer Program = Program operates during the summer months and is different than the school year program, with, for example, less staff and/or a different curriculum. Private entities must submit a separate rate setting application for summer programs. NHDOE will establish a summer rate. This program may be more of an enrichment or remedial program with additional activities, etc.

**NOTE: THIS FORM IS TO BE USED ONLY FOR PROGRAMS CURRENTLY GOING THROUGH THE APPROVAL PROCESS.
IF YOU ARE STARTING A NEW PROGRAM OR CHANGING EXISTING PROGRAMS, PLEASE REQUEST A NEW/CHANGE APPLICATION FORM.**

Contact Jane Bergeron-Beaulieu jbergero@seresc.net, Pat Larkin pat@seresc.net or Michele Watson mwatson@seresc.net phone 603-206-6800.

**New Hampshire Department of Education Special Education Program Approval and Improvement Process
APPLICATION MATERIALS FOR SPECIAL EDUCATION APPROVAL OF
LOCAL EDUCATION AGENCIES**

CURRENT PROGRAM INFORMATION - PRESCHOOL LEVEL

PLEASE COMPLETE A SEPARATE FORM FOR EACH PRESCHOOL PROGRAM WITHIN THE DISTRICT

Date:	SAU #	Name of School:
Name & Title of Contact Person:		Email:
School Address: Street, City, State and Zip:		

<u>Name of Program(s)</u>	<u>Special Education Program Capacity</u> (At least 50% of students with disabilities)	<u>Number of Classes</u>	<u>Grade(s) And Age Range</u> (See Bureau of Special Education FY'07 Memo #26, Public Preschool age range is 2-5)	<u>Disabilities</u> Autism, Deaf-Blindness, Deafness, Developmental Delay, Emotional Disturbance, Hearing Impairments, Intellectual Disability, Multiple Disabilities, Orthopedic Impairment, Other Health Impairments, Specific Learning Disability, Speech-Language Impairments, Traumatic Brain Injury, Visual Impairments	<u>Type</u> School Year, Summer <i>*See definitions below</i>

* **School Year Program** = Program operates during the typical school year calendar. This program might run 180 days, and would have no program during the summer. Private entities must submit a rate setting application for the school year program. NHDOE will establish a school year rate.

Summer Program = Program operates during the summer months and is different than the school year program, with, for example, less staff and/or a different curriculum. Private entities must submit a separate rate setting application for summer programs. NHDOE will establish a summer rate. This program may be more of an enrichment or remedial program with additional activities, etc.

PLEASE NOTE: THIS FORM IS TO BE USED ONLY FOR ALL CURRENTLY APPROVED PROGRAMS.

IF YOU ARE STARTING A NEW PROGRAM OR CHANGING EXISTING PROGRAMS, PLEASE REQUEST A NEW/CHANGE APPLICATION FORM.

Contact Jane Bergeron-Beaulieu jbergero@seresc.net , Pat Larkin pat@seresc.net or Michele Watson mwatson@seresc.net, phone 603-206-6800.

New Hampshire Department of Education Special Education Program Approval and Improvement Process
**APPLICATION MATERIALS FOR SPECIAL EDUCATION APPROVAL OF
LOCAL EDUCATION AGENCIES**

PERSONNEL ROSTER

INSTRUCTIONS

ONE ROSTER IS TO BE COMPLETED FOR EACH OF THE FOLLOWING:

1. **One Professional Staff roster for each school.** Include all professional staff employed in the school that provides services to students with educational disabilities. List the educators and administrators on Professional Staff pages.
For all staff listed as accepted into an Alternative IV certification program, please provide a copy of their intern license with the personnel roster.
2. **Itinerant /Related Service Providers** should be listed on the separate page designated for Itinerant/ Related Service Personnel. These are personnel who may be providing services throughout the district, or providing stationary services in one school.

Please list names on roster as they are listed on licenses/certificates. Include maiden name and/or middle initial if necessary; nicknames are not accepted.

New Hampshire Department of Education Special Education Program Approval and Improvement Process
**APPLICATION MATERIALS FOR SPECIAL EDUCATION APPROVAL OF
 LOCAL EDUCATION AGENCIES**

2012 – 2013 PUBLIC SCHOOL OR PROGRAM PERSONNEL ROSTER - Professional Staff

PLEASE READ INSTRUCTION SHEET (PREVIOUS PAGE) BEFORE COMPLETING

Date:	School District Name:
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Name	School or Program	Job Title	Endorsed in	CHECK ONE			License or Certificate #	Expiration Date	NHDOE USE ONLY
				Certified or Licensed	In Process	Not Certified or Licensed			
<i>Examples: Mary Lamb</i>	<i>Grade 1-3 Resource Room</i>	<i>Teacher</i>	<i>Gen. Sp. Ed., L.D.</i>	<input checked="" type="checkbox"/>			<i>123456789</i>	<i>6/30/10</i>	
<i>John Franklin</i>	<i>5-6th Grade EH Program</i>	<i>EH Teacher</i>	<i>In process – see attached letter</i>		<input checked="" type="checkbox"/>		<i>Enrolled in Alt IV</i>	<i>6/30/11</i>	
<i>Jane Johnson</i>	<i>Grade 9-12 MR Program</i>	<i>MR Teacher</i>	<i>Educational Intern License</i>	<input checked="" type="checkbox"/>			<i>0012356</i>	<i>6/30/10</i>	
<i>Mark Smith</i>	<i>Non-grade designated</i>	<i>Educational Interpreter</i>	<i>Educator Interpreter/Translator</i>	<input checked="" type="checkbox"/>			<i>060536987</i>	<i>6/30/12</i>	
Please list educators and administrators first, then related service providers on the Related Service Provider page. List name as listed on certificate – include maiden name and/or middle initial if necessary; nicknames are not accepted.									

New Hampshire Department of Education Special Education Program Approval and Improvement Process
**APPLICATION MATERIALS FOR SPECIAL EDUCATION APPROVAL OF
 LOCAL EDUCATION AGENCIES**

**2012 – 2013 PUBLIC SCHOOL OR PROGRAM PERSONNEL ROSTER –
 Itinerant/Related Service Personnel**

PLEASE READ INSTRUCTION SHEET BEFORE COMPLETING

Date:		School District Name:						
Name	School or Program	Endorsed in	CHECK ONE			License or Certificate #	Expiration Date	NHDOE USE ONLY
			Certified Licensed	In Process	Not Certified or Licensed			
<i>Examples: Mary Smith</i>	<i>Sears Elementary</i>	<i>OTR/L</i>	<input checked="" type="checkbox"/>			<i>123456789</i>	<i>6/30/11</i>	
<i>John R. Jones</i>	<i>City High School</i>	<i>Speech/Language Pathologist</i>		<input checked="" type="checkbox"/>		<i>5678JK</i>	<i>6/30/11</i>	
<i>Mary (Ott) Donaldson</i>	<i>Community Preschool</i>	<i>Physical Therapy</i>	<input checked="" type="checkbox"/>			<i>0012336</i>	<i>6/30/10</i>	
<i>Katherine (Le) Brown</i>	<i>Sears Elementary</i>	<i>School Psychologist</i>	<input checked="" type="checkbox"/>			<i>060536987</i>	<i>6/30/12</i>	
List consultant names as listed on certificate (include maiden name &/or middle initial if necessary, nicknames are not accepted.)								