**Request for Waiver of Age or Program Capacity**

**For Placements in Approved In-State Programs**

**Under the New Hampshire Rules for the Education of Children with Disabilities**

**Ed 1126.04 Waiver Process for Placements in Approved In-State Programs.**

(a) The LEA may submit a request to the department to place an additional student who does not meet the approved public or private in-state program’s age range or program capacity.

(b) The department shall review the LEA’s request and shall approve said request if it meets the criteria set forth in Ed 1126.04(e)-(f);

(c) The LEA or private in-state special education program, upon the department’s approval of the assurances and request detailed in Ed 1126.04(d)-(e), may:

(1) Accept one student who meets an approved special education program’s “disabilities served” but is below or above the program’s age range by no more than one year; or

(2) Accept one student who meets the program’s age-range and disabilities served, but whose acceptance will result in the program exceeding its program capacity by no more than one additional student.

(d) No more than one student may be placed in any approved public or private special education program pursuant to Ed 1126.04.

(e) The LEA shall provide the department with evidence that:

(1) The proposed placement will provide the student a FAPE; and

(2) The proposed placement will provide the student access to and the ability to progress in the general curriculum.

(f) The request for the waiver shall include the following information:

a. Information on a current waiver, if applicable;

b. Student name;

c. Date of birth;

d. Current grade;

e. Name of LEA;

f. Name of private in-state agency;

g. Name of approved special education program;

h. Name and contact information of person completing the request;

i. Description of how the proposed placement will provide the student with a FAPE;

j. Description of how the proposed placement will provide the student access to, and the ability to, progress in the general curriculum; and

k. A copy of the student’s IEP.

(g) An LEA shall not place a child with a disability pursuant to Ed 1129.04 until the LEA has received written approval from the department. The department shall approve or disapprove the placement within 5 business days.

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| **Please provide the following information regarding the approved in-state program:** |
| **Name of Private In-state Agency:** |  |
| **Name of Approved Special Education Program:** (as it appears in NHSEIS) |  |
| Contact name and title for the approved in-state program: |            | Telephone Number: |       |
| Email address: |       |

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| **Please complete the following:** |
| **[ ]  Age Waiver for Students K-12** | **or** | **[ ]  Program Capacity Waiver** |
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| **Student Name:** |       | **Date of Birth:** |       | **Current Grade:** |       |
| **LEA:** |       |
| **Name of Person completing form:** |       | **Title:** |       |
| **Telephone:** |       | **Email:** |       |

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| **Please attach:** |
| [ ]  A Description of how the proposed placement will provide the student with FAPE |
| [ ]  Evidence that the proposed placement will provide the student FAPE |
| [ ]  A Description of how the proposed placement will provide the student access to, and the ability to, progress in the general curriculum: |
| [ ]  Evidence that the proposed placement will provide the student access to and the ability to progress in the general curriculum |
| [ ]  A copy of the student’s current agreed upon IEP |

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| I certify that the information provided by the LEA in this request is accurate: |
|  |  |  |  |  |
|  | Signature of Authorized Private In-State Agency Director |  | Date |  |

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| I certify that the information provided by the LEA in this request is accurate: |
|  |  |  |  |  |
|  | Signature of Authorized District (LEA) Representative |  | Date |  |

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| **NHDOE USE ONLY** |
|  |  |  |  |  |
|  | Signature of Authorized NH State Department of Education Representative Approving Request |  | Date |  |
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