

# LEA REQUEST FOR OUT-OF-STATE PROGRAMS ENTERED INTO NHSEIS

## Instructions for LEAs Requesting Out-of-State Programs to be Entered into the New Hampshire Special Education Information System (NHSEIS)

- Per The NH Standards for the Education of Children with Disabilities, Ed 1126.06, an Out-of-State school, class, or program must be approved by their host state to provide special education and related services in order to enter the program as an approved placement in NHSEIS.
- Work with your contact at the out-of-state school, class, or program to collect the information required on this form.
- Submit this completed form with a copy of the host state's certificate of special education approval for the school, class, or program.  
*If they do not have a current certificate from the host state please contact NHDOE Bureau of Student Support for alternative accepted documentation. See below for contact info.*
- Send the completed request & certificate or any questions to:  
**Hannah Krajcik, Program Specialist**  
NHDOE, Bureau of Student Support  
101 Pleasant St, Concord, NH 03301  
[Hannah.Krajcik@doe.nh.gov](mailto:Hannah.Krajcik@doe.nh.gov)  
Phone: (603) 271-3742  
Fax: (603) 271-1099

NHDOE USE ONLY	
Approved for entry into NHSEIS:	<input type="checkbox"/> Yes <input type="checkbox"/> No
By: _____	On: _____
Notes: _____	
_____	
_____	
Entered into NHSEIS: _____	

### Out-of-State Program Information

**School, Class, or Program Name:**

(As approved by the host state)

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**Grades Served:** \_\_\_\_\_ **Age Range:** \_\_\_\_\_

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**Program Capacity:** \_\_\_\_\_ **Genders Served:** \_\_\_\_\_

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**Number of Days Program is Approved to Operate:**

<input type="checkbox"/> 30	<input type="checkbox"/> 45	<input type="checkbox"/> 60	<input type="checkbox"/> 180
<input type="checkbox"/> 183	<input type="checkbox"/> 220	<input type="checkbox"/> 222	<input type="checkbox"/> 227
<input type="checkbox"/> 240	<input type="checkbox"/> 365	<input type="checkbox"/> Other:	

**Program is:**

<input type="checkbox"/> Day Only	<input type="checkbox"/> Day & Residential
<input type="checkbox"/> Residential Only	

**Address of Out-of-State Program:**

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### Out-of-State Program Contact Information

**Name & Position of Out-of-State Contact:**

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**Email Address & Phone Number for Out-of-State Contact:**

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### Requesting LEA Contact Information

**Sending NH School District/LEA:**

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**Name & Position of District Contact:**

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**Email Address & Phone Number of District Contact:**

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