

Request for Out-Of-State Program to be entered into NHSEIS

Ed1126.06 Out-Of-State Placements

- (a) Public agencies shall place children with disabilities, for the purpose of receiving special education and related services, in only those out-of-state schools, classes, or programs which are approved by the host state for the purpose of providing special education and related services within that state. Any limitation by the host state on the state's approval of the school's provision of special education and related services, such as by category of disability served or other comparable standard, shall apply to the schools, classes, and programs approved for New Hampshire Children.
- (b) If an out-of-state program does not meet the standards of ED 1114.07-111.08, the LEA shall not place a student in the program.

Submit this completed form **AND** a copy of the host state's certificate of special education approval for the school, class, or program. *If the program does not have a current certificate from the host state, please contact NHED, BSES for alternative accepted documentation. See below for contact information.*

Requesting LEA/District Contact Information

Requesting LEA:	Date Submitted to NHED:
SAU #:	
Name (submitting application):	Title:
Email:	Phone:

Out-of-State Program Information

School, Class, or Program Name (as stated on host state certificate):	
School Address:	School Phone:
	Program Capacity:
	Grade Range:
	Genders Served: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both

Out-of-State Program Contact Information

Name:	Position:
Phone:	Email:
Number of Days Program is Approved to Operate:	Program is Invoiced as:
<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:	<input type="checkbox"/> Day Only Rate <input type="checkbox"/> One Rate (Day & Residential) <input type="checkbox"/> Separate Rates for Day & Residential

Please continue to page 2.

<p>I certify that this program meets the behavior intervention standards of Ed 1114.07 and Ed 1114.08.</p> <div style="text-align: center;"> <p style="font-size: 2em; font-weight: bold;">X</p> <hr style="width: 80%; margin: 0 auto;"/> <p>Requesting LEA Signature</p> </div>	<p>This placement is a result of:</p> <p><input type="checkbox"/> Court Order/Hearing Officer</p> <p><input type="checkbox"/> Episode of Treatment</p> <p><input type="checkbox"/> DHHS Decision</p> <p>Please note: <u>No signature required from DHHS representative for an educational placement proposed by the district.</u></p> <div style="text-align: center;"> <p style="font-size: 2em; font-weight: bold;">X</p> <hr style="width: 80%; margin: 0 auto;"/> <p>DHHS Representative Verification Signature</p> </div>
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NHED Use Only		
Primary Disability Area(s) Served (select all that apply):		
<input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Deafness <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Speech-Language Impairment	<input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Deafness <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Speech-Language Impairment	<input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Deafness <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Speech-Language Impairment
Notes:		