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

1. 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.
2. Work with your contact at the out-of-state school, class, or program to collect the information required on this form.
3. 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.*

1. Email the completed request & certificate or any questions to:

**Sarah Souza, Program Assistant**

**New Hampshire Dept. of Education**

**Bureau of Special Education Support**

**Sarah.R.Souza@doe.nh.gov**

**Phone: (603) 271-1577**

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| **I certify that this program meets the behavior intervention standards of** **Ed** [**1114.07**](https://casetext.com/regulation/new-hampshire-administrative-code/title-ed-board-of-education/chapter-ed-1100-standards-for-the-education-of-children-with-disabilities/part-ed-1114-standards-for-approval-of-private-providers-of-special-education-and-non-lea-programs/section-ed-111407-behavioral-interventions) **and Ed** [**1114.08**](https://casetext.com/regulation/new-hampshire-administrative-code/title-ed-board-of-education/chapter-ed-1100-standards-for-the-education-of-children-with-disabilities/part-ed-1114-standards-for-approval-of-private-providers-of-special-education-and-non-lea-programs/section-ed-111408-emergency-intervention-procedures) |
| Requesting LEA Signature |

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| **Out-of-State Program Information** |
| **School, Class, or Program Name**:(As approved by the host state) |
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| **Grades Served**:  | **Age Range**: |
|  |  |
| **Program Capacity**: | **Genders Served**: |
|  |  |
| **Number of Days Program is Approved to Operate**: |
| [ ]  30 | [ ]  45 | [ ]  60 | [ ]  180 |
| [ ]  183 | [ ]  220 | [ ]  222 | [ ]  227 |
| [ ]  240 | [ ]  365 | [ ]  Other: |  |
| **Program is invoiced as**: |
| [ ]  Day Only Rate [ ]  One Rate (Day & Res) |
| [ ]  Separate Rates for Day & Residential |
| **Address of Out-of-State Program**: |
|  |
| **Out-of-State Program Contact Information** |
| **Name & Position of Out-of-State Contact**: |
|  |
| **Email Address & Phone Number for Out-of-State Contact**: |
|  |
| **Requesting LEA Contact Information** |
| **Sending NH School District/LEA**: |
|  |
| **Name & Position of District Contact**: |
|  |
| **Email Address & Phone Number of District Contact**: |
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