# INSTRUCTIONAL SPACE REVIEW

**NOTE: This form is to be completed for all capital projects involving the creation of NEW INSTRUCTIONAL SPACE ONLY and submitted as part of the district's preliminary approval documentation (not necessary for new bus garages, administration buildings or other noninstructional space).**

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| **School District:** |  |
| **Building Name & Address:** |  |
| **Project Control #:** | **🞎🞎-🞎🞎-🞎🞎-🞎🞎-🞎-🞎🞎🞎-🞎🞎🞎** |
| **Project Manager, Office of Facilities Planning:** |  | **Phone Number:****(518) 474-3906** |
| **District Contact:****Title:** |  | **Phone Number:****( )**  |

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| **To be Completed by SED Regional Associate** |
| **Regional Associate (please print):** | **Date Received:** |
| **Address:** | **Phone Number:****( )** |

If this is a revised form, please check this box: 🞏

**Note:** This form was designed by the Special Education Quality Assurance Office with the cooperation of the Office of Facilities Planning. It is intended to meet the needs of the Department as well as other interested parties by providing information relative to special education classrooms in all schools undertaking capital projects that will create new instructional space.

1) How many students currently in separate site placements1 will be redirected to integrated placements2 as a result of this project?

2) Indicate information on special education classrooms, including BOCES-operated classrooms, in the chart below:

**Name of Building**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Classroom****Teacher/Student Ratio** | **Grade Level3** | **Pre-Construction4** | **Post-Construction5** |
| **Existing Building** | **Existing Building** | **New Building****or Addition** |
| 15:1 |  |  |  |  |
| 12:1+1 |  |  |  |  |
| 8:1+1 |  |  |  |  |
| 6:1+1 |  |  |  |  |
| 12:1+4 |  |  |  |  |
| Preschool |  |  |  |  |
| Resource Room |  |  |  |  |
| Related Services |  |  |  |  |
| Office |  |  |  |  |
| Other (District) |  |  |  |  |

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| FOR NEW INSTRUCTIONAL SPACES ONLY |
| Minimum Guidelines for Special Education Room Sizes |
|  15:1 12:1+1 8:1+1 6:1+1 12:1+4 | 770 square feet770 square feet550 square feet450 square feet900 square feet | Resource RoomPreschool | 300 square feet50 sq. ft./child or 60 sq. ft./child for classrooms serving children who are nonambulatory |

3) Does this project provide special education space located in age-appropriate areas and integrated within the school? 🞏 Yes 🞎 No Please explain your answer in narrative form, on a separate page, including timelines for implementation, benchmarks achieved, justification for plan, etc.

 1 In buildings attended by students with disabilities only.

 2 In buildings attended by both disabled and nondisabled students.

 3 Please use letter “E” for elementary, “M” for middle school and “S” for secondary.

 4 Pre-Construction – as the building is currently being used.

 5 Post-Construction – as the building will be used when the project is completed.

**Certification of Instructional Space Review by Superintendent of**

**Schools, District Superintendent and Special Education Regional Associate**

The Superintendent of Schools has conferred with the District Superintendent and the Special Education Quality Assurance Regional Associate, and they agree that the proposed project is consistent with: (1) the continual allocation of appropriate space within the district for special education programs; (2) the district’s long-range plan for educational facilities; and (3) the District Superintendent’s approved five-year Special Education Space Requirements Plan. In addition, the Superintendent of Schools certifies by signing below that the appropriate special education spaces indicated under Item 2 on page 2 will be reflected on the actual floor plans submitted to the Office of Facilities Planning. (Note: Should the final floor plan not agree with Item 2 on page 2, the Superintendent of Schools must submit a revised copy of this form to the Regional Associate, who will review it for approval. After discrepancies are reconciled, the RA will return this form to the Project Manager in Facilities Planning with appropriate explanation.)

Project Control Number: 🞎🞎-🞎🞎-🞎🞎-🞎🞎-🞎-🞎🞎🞎-🞎🞎🞎

Name of School District:

Name of Building:

Name of Superintendent (print or type):

Signature: Date:

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Name of District Superintendent (print or type):

 🞎 Approval 🞎 Disapproval

If disapproved, explain reason(s):

Signature of District

Superintendent: Date:

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Name of Special Education Regional Associate (print or type):

Recommendation to Facilities Planning: 🞎 Approval 🞎 Disapproval

If disapproval is recommended, explain reason(s):

Signature of Regional Associate: Date:

[**SPECIAL EDUCATION QUALITY ASSURANCE**](https://www.nysed.gov/special-education/special-education-quality-assurance-regional-offices)

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| **WESTERN REGIONAL OFFICE**NYS Education DepartmentSpecial Education Quality Assurance2A Richmond AvenueBatavia, NY 14020(585) 344-2002(585) 344-2422(fax)**CENTRAL REGIONAL OFFICE**NYS Education DepartmentSpecial Education Quality AssuranceHughes State Office Building333 E. Washington Street, Suite 210 Syracuse, NY 13202(315) 428-4556(315) 428-4555 (fax) **EASTERN REGIONAL OFFICE**NYS Education DepartmentSpecial Education Quality Assurance89 Washington Ave, Room 309 EB Albany, NY 12234(518) 486-6366(518) 402-3582 (fax) | **HUDSON VALLEY REGIONAL OFFICE**NYS Education DepartmentSpecial Education Quality Assurance89 Washington Ave, Room 309 EBAlbany, NY 12234(518) 473-1185(518) 402-3582 (fax)**LONG ISLAND REGIONAL OFFICE**NYS Education DepartmentSpecial Education Quality AssurancePerry B. Duryea, Jr. State Office Building250 Veterans Memorial Highway,Room 2A-5 Hauppauge, NY 11788(631) 952-3352(631) 952-3834 (fax) **NEW YORK CITY OFFICE**NYS Education DepartmentSpecial Education Quality Assurance55 Hanson Place, Room 545Brooklyn, NY 11217-1580(718) 722-4544(718) 722-2032 (fax) |