



OFFICE OF P-12 EDUCATION: Office of Special Education
SPECIAL EDUCATION QUALITY ASSURANCE/NONDISTRICT UNIT
Room 1619 One Commerce Plaza • Albany, NY 12234
www.p12.nysed.gov/specialed

Telephone (518) 486-6260 Fax: (518) 473-5769

APPLICATION CHECKLIST
Out-of-State Residential or Emergency Interim Placement
20__ - __ School Year

Check One:

- Out-of-State Residential Placement
 Emergency Interim Placement

Check One:

- Initial
 Re-application

For Office Use Only

Date Received:

Application Complete

Yes

No

Check the boxes below to indicate that all required documentation is submitted. Partial applications will not be considered.

- Committee on Special Education (CSE) cover letter
 Application Checklist
 Statement of Assurance
 Listing of approved private schools considered, including copies of all acceptance and rejection letters
 Student Profile
 Hard copy of the Pre-approved Data Form (known as OSES/DOSES)
 For emergency interim placement (EIP), a plan that describes efforts to return the student to an approved New York State private school
 Signed STAC-1

For students turning 21 during July or August of this school year:

- CSE Cover letter
 Application Checklist
 Summer STAC-1 (summer, if applicable, and school year)

For students returning in-State:

- CSE Cover letter
 Application Checklist

(Please Type or Print)

Student Name: _____ **DOB:** ____/____/____

Date of CSE Meeting: ____/____/____ **Disability Classification:** _____

STAC # (Continuing Students Only): _____

School District: _____

CSE Chairperson: _____ **E-mail:** _____

Phone Number: () _____ **Fax #:** () _____

Recommended Residential Placement: _____

With consent of parent, has the CSE made a referral to the Office for People With Developmental Disabilities (OPWDD) for eligibility? Yes No N/A.

Note: Any school district that seeks State reimbursement for the placement of a student with a disability in an out-of-State residential or emergency interim placement without completing these procedures will be at risk of receiving partial or no State reimbursement for the placement of that student. In this situation, the Board of Education of the sending school district will be fiscally responsible for the education and maintenance tuition without any State reimbursement.



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**STATEMENT OF ASSURANCE FOR
OUT-OF-STATE RESIDENTIAL or EMERGENCY INTERIM PLACEMENT
20__ - __ SCHOOL YEAR**

Check One:

- Out-of-State Residential Placement
 Emergency Interim Placement (EIP)

Check One:

- Initial
 Re-application

This Statement of Assurance verifies that the Committee on Special Education (CSE) has carried out its responsibilities, consistent with Article 89 of New York State (NYS) Education Law and Part 200 of the Regulations of the Commissioner of Education, regarding the placement of a student with a disability in an out-of-State residential school. The Statement of Assurance must be confirmed and acknowledged by the required signature.

IMPORTANT INSTRUCTIONS FOR STATE AID REIMBURSEMENT

In an application seeking State reimbursement for a student in an approved out-of-State residential school or emergency interim placement (EIP), the CSE must submit the following documentation to the New York State Education Department (NYSED) for review and approval against the criteria established for approval of State reimbursement pursuant to section 200.6(j)(1)(iii)(3) of the Regulations of the Commissioner of Education.

- a. CSE cover letter that describes the reasons for submitting the application.
- b. Application checklist
- c. Statement of Assurance, including documentation that no appropriate public or private facilities for instruction are available within New York State [8 NYCRR 200.6(j)(1)(iii)(e)] or for emergency interim placements, in an approved out-of-State program. The listing of approved in-State and out-of-State private schools appropriate to the student's disability can be obtained at <http://www.p12.nysed.gov/specialed/privateschools/home.html>. Include copies of all acceptance or rejection letters.
- d. Student profile
- e. Hard copy of the Office of Special Education pre-approval data (OSSES/DOSES) form. This serves as confirmation that the CSE filed an electronic Assurance of Required Evaluations for Private School Reimbursement with NYSED within six business days of the recommendation by the CSE that the student requires placement in a private school or prior to June 1 of the year preceding the school year for which funding is sought. The application for reimbursement containing the required documentation can be located and completed on the NYSED/STAC website at: <http://www.oms.nysed.gov/stac>.
- f. For an EIP, a plan that describes efforts to return the student to an approved NYS private school.
- g. Signed STAC-1 (summer, if applicable, and school year)

Upon receipt of the required documentation listed above, NYSED will notify the CSE of its determination. If approved for the purposes of State reimbursement, the CSE will receive, by fax, a signed STAC-1. It is the CSE's responsibility to forward the signed STAC to the out-of-State private school confirming funding approval.

Statement of Assurance

- For an initial application to an approved private school, the CSE has provided a current individual evaluation or reevaluation of the student. The individual evaluation and the classroom observation where applicable, and any other evaluations necessary to describe the relevant circumstances leading up to the recommendation and the basis for the recommendation for change of placement shall have been completed within six months prior to the CSE's initial recommendation for private school placement.
- The CSE has provided a current individualized education program (IEP) for the student.
- The CSE has certified that the student is of school-age and has a disability or combination of disabilities, and has further documented that the nature or severity of the student's disability is such that appropriate public facilities for instruction are not available. The documentation reviewed by the CSE, establishing the nature and severity of the disability and warranting placement of the student in an approved private school, is maintained in the student's education records and is available for review by NYSED. This documentation includes:
 - documentation of efforts to place the student in a public facility and the outcomes of those efforts, and/or of CSE findings regarding the lack of suitability of each currently available and geographically accessible public placement;
 - documentation of all efforts to enable the student to benefit from instruction in less restrictive settings using support services and supplementary aids and special education services as set forth in subdivisions (d), (e), (f), (g) and (h) of this section, and/or for those services not used, a statement of reasons why such services were not recommended;
 - less restrictive programs and placements or a statement of reasons that such evidence is not available;
 - in the case of a recommendation by the CSE for placement of a student in a residential program, documentation that residential services are necessary to meet the student's educational needs as identified in the student's IEP, including a proposed plan and timetable for enabling the student to return to a less restrictive environment or a statement of reasons why such a plan is not currently appropriate;
 - in the case of a recommendation by the CSE for placement of a student in an educational facility outside of the State, documentation that there are no appropriate public or private facilities for instruction available within this State; and
 - in the case of a reapplication for reimbursement, documentation of the continuing need for placement of the student in a private school.

The application includes a statement that the placement is for the entire school year or the balance thereof.

The signature below represents the CSE's compliance with the requirements stated above, pertaining to this student's residential special education placement.

Signature of Chairperson:

Date:

**REQUIRED DOCUMENTATION FOR PLACEMENT IN AN OUT-OF-STATE
RESIDENTIAL SCHOOL OR EMERGENCY INTERIM PLACEMENT (EIP)**

The information required in this section must be completed by the Committee on Special Education (CSE) as part of an out-of-State residential or emergency interim placement.

- A. List all New York State Education Department (NYSED) approved in-State (and/or out-of-State for EIP) private schools that have rejected the student because of no vacancies. Attach the letters from the private schools that confirm their rejection of the student. For reapplications, letters within six months of the date of application are acceptable.

1)	<u>School Name</u> _____	DATE	6)	<u>School Name</u> _____	DATE
2)	<u>School Name</u> _____	DATE	7)	<u>School Name</u> _____	DATE
3)	<u>School Name</u> _____	DATE	8)	<u>School Name</u> _____	DATE
4)	<u>School Name</u> _____	DATE	9)	<u>School Name</u> _____	DATE
5)	<u>School Name</u> _____	DATE	10)	<u>School Name</u> _____	DATE

B. List all NYSED-approved in-State (and out-of-State for EIP) private schools that have rejected the student because of their inability to meet the student’s individualized education program (IEP). Attach the letters from the private schools that confirm their rejection of the student.

1)	<u>School Name</u> _____	DATE	6)	<u>School Name</u> _____	DATE
2)	<u>School Name</u> _____	DATE	7)	<u>School Name</u> _____	DATE
3)	<u>School Name</u> _____	DATE	8)	<u>School Name</u> _____	DATE
4)	<u>School Name</u> _____	DATE	9)	<u>School Name</u> _____	DATE
5)	<u>School Name</u> _____	DATE	10)	<u>School Name</u> _____	DATE

C. If the CSE has determined that the private school(s) that accepted the student is unable to meet the student’s IEP needs, the CSE must provide a statement justifying its actions. Such rejections must be based on sound educational reasons linked to the IEP. This information becomes part of the official CSE record. A parent’s rejection will not constitute a legitimate basis to reject an in-State school.

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

STUDENT PROFILE

A	Name of Student	Last Name	First	Middle
Date of Birth	Month ____/	Day ____/	Year ____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of CSE Recommendation for Residential Placement	Month ____/	Day ____/	Year ____	
With consent of parent, has the CSE made a referral to the Office for People with Developmental Disabilities (OPWDD)?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Parent <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>	Last Name	First	Home Telephone Number ()
Address	Street			Work Telephone Number ()
City	County	State	Zip	
District				
District Contact	Last Name		First	
Title				Telephone Number ()
Address	Street			Fax Number ()
City	County	State	Zip	
B	Request for Out-Of-State Placement:			
<input type="checkbox"/> Initial Placement <input type="checkbox"/> Reapplication <input type="checkbox"/> Change in Residential Placement <input type="checkbox"/> Change in CSE Responsible District				
_____ Signature, CSE Chairperson				
_____ Date				

C Current Educational Program: (Please check the appropriate box)			
Public School in District	<input type="checkbox"/>	State-operated School	<input type="checkbox"/>
Public School Not in District	<input type="checkbox"/>	State-supported School	<input type="checkbox"/>
BOCES Center-based Program	<input type="checkbox"/>	Special Act School District	<input type="checkbox"/>
BOCES Program in LEA	<input type="checkbox"/>	Approved In-State Private School	<input type="checkbox"/>
Home Instruction	<input type="checkbox"/>	Approved Out-of-State Private School	<input type="checkbox"/>
Hospital Instruction	<input type="checkbox"/>	Children's Residential Project	<input type="checkbox"/>
Name of Hospital _____		Other State Agency Program	<input type="checkbox"/>
_____		Emergency Interim Placement	<input type="checkbox"/>

D CSE Classification: (Please check one box to indicate the classification made by the CSE)		
<input type="checkbox"/> Autism	<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Deaf-Blindness
<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Visually Impairment	<input type="checkbox"/> Traumatic Brain Injured
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Multiple Disabilities*
<input type="checkbox"/> Intellectually Disability	<input type="checkbox"/> Other Health Impairment <i>Description:</i>	
<input type="checkbox"/> Deafness	_____	
<input type="checkbox"/> Hard of Hearing	_____	

*If student is classified with <u>multiple disabilities</u>, identify the two or more concomitant impairments (Check all that apply)		
<input type="checkbox"/> Autism	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Visually Impairment	<input type="checkbox"/> Deaf-Blindness
<input type="checkbox"/> Intellectual Disabilities	<input type="checkbox"/> Orthopedic Impairment <i>Description:</i>	
<input type="checkbox"/> Deafness	_____	

E Student Functioning Level: Results of Latest Test of Intelligence (Check the box that most closely indicates the results)		
Intellectual ability	Adaptive Functioning	Language Functioning
<input type="checkbox"/> Above Average intelligence	<input type="checkbox"/> Independent; within normal limits	<input type="checkbox"/> Receptive and expressive language skills within normal limits
<input type="checkbox"/> Average intelligence	<input type="checkbox"/> Capable of looking after own everyday needs	<input type="checkbox"/> Mild disabilities in understanding and communicating
<input type="checkbox"/> Borderline intellectually disabled	<input type="checkbox"/> Needs assistance with personal grooming and independent living skills	<input type="checkbox"/> Significant disabilities in understanding and/or communicating
<input type="checkbox"/> Severely or profoundly intellectually disabled	<input type="checkbox"/> Highly dependent on support from others to complete basic living skills	<input type="checkbox"/> Nonverbal
Interpreter Needed:		
Does this child require a sign language interpreter?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child need a foreign language interpreter?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Native Language: _____		
Physical Functioning:		
Vision:		
<input type="checkbox"/> Vision normal (includes vision corrected to normal)		
<input type="checkbox"/> Visually impaired		
<input type="checkbox"/> Legally blind, has travel vision		
<input type="checkbox"/> No functional vision		
<input type="checkbox"/> Needs services of Teacher of Visually Impaired		
<input type="checkbox"/> Needs services of Teacher of Orientation & Mobility		
Hearing:		
<input type="checkbox"/> Hearing normal (including hearing corrected to normal)		
<input type="checkbox"/> Hearing impaired		
<input type="checkbox"/> No functional hearing		
<input type="checkbox"/> Needs services of Teacher of the Hearing Impaired		
Mobility:		
<input type="checkbox"/> Walks independently	<input type="checkbox"/> Walks with supportive devices	
<input type="checkbox"/> Walks unaided with difficulty	<input type="checkbox"/> Wheelchair – needs assistance	
<input type="checkbox"/> Wheelchair – operated by self	<input type="checkbox"/> No mobility	

Medical Diagnosis: (Indicate any medical problems which may impact on the education of the child)

- | | | |
|---|--|---|
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Psychiatric Disorder | <input type="checkbox"/> Tourette Syndrome |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Oppositional Defiant Disorder | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Anxiety Disorder | |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Mood Disorder | |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Psychotic Disorder | |
| <input type="checkbox"/> Medically Fragile | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Neurological Impairment | | |
| <input type="checkbox"/> Prader-Willi | | |

Medical Needs:

Does this child have medical needs beyond the administration of medications which require daily individualized attention from health care staff? Yes No

Does this child require 24 hour nursing care? Yes No

Please specify any medical alerts: _____

Behaviors Exhibited:

- | | |
|--|--|
| <input type="checkbox"/> Aggressive to others | <input type="checkbox"/> Easily victimized |
| <input type="checkbox"/> Self Abuse | <input type="checkbox"/> Emotionally fragile |
| <input type="checkbox"/> Property destruction | <input type="checkbox"/> School phobia |
| <input type="checkbox"/> Sexually inappropriate | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> History of fire setting | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Incidental | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chronic | |

Behavior Frequency:

- Has no behavior disorder that requires individualized programming
- Has monthly maladaptive behaviors that require individualized programming
- Has weekly maladaptive behaviors that require individualized programming
- Has daily maladaptive behaviors that require individualized programming

G Related Services Recommended:

- | | |
|--|---|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Psychological Services |
| <input type="checkbox"/> Assistive Technology Services | <input type="checkbox"/> Parent Counseling and Training |
| <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Rehabilitation Counseling |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> School Health Services |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> School Social Work |
| <input type="checkbox"/> Speech Pathology | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medical Services (evaluation) | |

H IEP Class Size Recommendation: (Check the option that applies)

- 12:1+1 8:1+1 6:1+1 6:1+2 12:1+(3:1)

I Diploma goal: Regular high school diploma Other: (please specify): _____