*****Massachusetts Department of***

***Elementary and Secondary Education***

### 75 Pleasant Street, Malden, Massachusetts 02148-4906 Telephone: (781) 338-3000 TTY: N.E.T. Relay 1-800-439-2370

| Jeffrey C. Riley  *Commissioner* |  |
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Problem Resolution System Office (PRS)

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| **Form 3:**  **INTENT TO APPLY FOR:**  **INITIAL APPROVAL of a Public Day School or Program(v. 4/26/21)** |

Date of this notice: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School District or Collaborative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**District or Collaborative Contact Information:**

Name of District or Collaborative Contact: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: ( **\_\_**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed School or Program Information:**

Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed program Director contact phone & email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ 10-month Program \_\_\_ 11-month Program \_\_\_ 12- month Program \_\_\_ Summer Program

Pursuant to applicable regulations and Department of Elementary and Secondary Education requirements, this approved special education agency is hereby providing written notification to the Department of Elementary and Secondary Education of its intent to apply for:

**Initial Approval of a Public Day School or Program**

Please attach a brief description of the rationale for the establishment of this new program. At a minimum, the description must contain information regarding the proposed number of students to be served, the age range, grade levels, the educational characteristics of students including the anticipated ratio of general to special education student enrollment, and behavioral or other needs of the students and the proposed location of the program.

In addition to the previous information, please use the items attached below and submit a response for each area listed.

Within 10 working days of receipt of this notice, a staff from the Department will call or email the person identified as the program’s contact to review the required documentation to be submitted and related approval standards.

**Submission to ESE:**

Send the completed materials to: [Compliance@doe.mass.edu](mailto:Compliance@doe.mass.edu)

or

Director, Problem Resolution System Office

Massachusetts Department of Elementary and Secondary Education,

75 Pleasant Street, Malden, MA 02148-4096

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| **DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION ACTION:**  Notification received in Department of Elementary and Secondary Education on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notification reviewed by (name of DESE staff):: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact made by (name of DESE staff): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Follow-up contact with the program made on: \_\_\_\_\_\_\_\_\_\_\_\_\_  Name of the person from the program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position of the person from the program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expected timeframe for submission of the required documentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Liaison, Problem Resolution System Office Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Supervisor, Problem Resolution System Office Date |

**Notice of Intent to Apply for Approval**

Form 3 information items for response:

A narrative is provided that describes:

* Identified population of students to be served;
* Ages of students;
* Educational characteristics;
* Behavioral characteristics; and
* Philosophy, goals and objectives.
* How each of the following educational services are implemented for the described student population of the program:
  + The content requirements of the Common Core Standards;
  + Self-help, daily living skills;
  + Social/emotional needs;
  + Physical education; adapted physical education;
  + Pre-vocational, vocational, and career education;
  + English language support (for limited English proficient students) and
* Other: any other specialized educational service(s) provided by the program.
* How each of the following related services is or will be provided for the described student population of the program whose IEPs indicate such services:
  + Transportation;
  + Braille needs (blind/visually impaired);
  + Assistive technology devices/services;
  + Communication needs (all students including deaf/hard of hearing students);
  + Physical therapy;
  + Occupational therapy;
  + Recreation services;
  + Mobility/orientation training;
  + Psychological services, counseling services, rehabilitation counseling services, social work services;
  + Parent counseling and training;
  + Health services, medical services and
  + Other (e.g., music therapy, sensory integration therapy).
* How the kinds of supplementary aids and services available for students in the program is or will be provided:
  + Supplementary aids and services are defined as “those aids and services-which are not ‘specially designed instruction or related services’-which enable eligible students to be educated to the maximum extent possible with non-disabled students.” These may include aids and services that would typically be available in a less restrictive setting, and their availability would be helpful when the student can be placed in a less restrictive placement (e.g., adapted text, enlarged print, graph paper, peer tutor).