



OFFICE OF SPECIAL EDUCATION
SPECIAL EDUCATION QUALITY ASSURANCE
NONDISTRICT UNIT

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APPLICATION FOR COMMISSIONER'S APPOINTMENT FOR A STUDENT
TO ATTEND A 4201 STATE-SUPPORTED SCHOOL

The Committee on Special Education (CSE)/Committee on Preschool Special Education (CPSE), with representation from the 4201 State-supported school, must complete this application and a STAC-1 form to apply for a student to receive a Commissioner's Appointment. It is essential that **ALL REQUIRED SIGNATURES** are obtained.

Student Name: _____ DOB: _____

Type of Placement: **Initial Application:** Initial placement/change in LEA/program change (e.g., Deaf Infant to Preschool or students who are attending a summer program only)
 Transfer: CSE/CPSE recommends an alternative 4201 State-supported school

LEA Name: _____

Contact Person: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Phone Number: _____ Fax Number: _____

Recommended 4201 School: _____

Phone Number: _____ Fax Number: _____

Type of Program: Preschool School-Age
 10-Month 12-Month 2-Month Day Residential

Date of PHC-10 Approval: _____ Date of CSE/CPSE Meeting: _____

Parent/Guardian Name: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Phone Number: _____

Projected Date of Admission to 4201 School: _____

Statements of Assurance

All required CSE/CPSE members, the student's parent/guardian, the student when appropriate, and the **representative** from the State-supported school participated in the CSE/CPSE review and the CSE/CPSE determined that its recommendation for the student to receive his/her special education services at a 4201 State-supported school represents the least restrictive environment (LRE) for that student. [8NYCRR 200.3(a)(1), 200.4(c)(3), 200.16, and 34CFR 300.344(a)(1), (2), (3), and (4)]

An individualized education program (IEP) has been developed and recommended by the CSE/CPSE. The IEP addresses all mandated areas including but not limited to (1) a transition plan, when appropriate, and (2) a statement that confirms that the placement represents LRE for this student since it was determined that there were no local public schools or BOCES programs that could provide the individualized education services required by this student. [8NYCRR 200.4(c)(2), 200.4(d)(1), 34CFR 300.340, 300.342, 300.346, and 300.346(b)]

In developing the transition plan for transition services, defined in 8NYCRR 200.1(rr), the CSE/CPSE has addressed the following eight quality components:

- The student is actively involved in transition planning and is supported in achieving desired adult goals.
- Family members and other community service agencies, as appropriate, are informed and involved in and committed to transition planning.
- Transition planning addresses services and supports across all areas of the student's life.
- A documented, sequential process for accessing transition services is developed.
- Services and supports are provided in a timely manner as specified in the IEP, as agreed to by the student and family.
- Unmet needs are identified and addressed.
- Outcomes are measured in terms of the student's preparation for successfully achieving post-school living, learning, and working goals.
- A student from a linguistically and/or culturally diverse background receives these services in an instructional environment in accordance with his/her needs.

The LRE statement addresses the reasons the student cannot be served in a general education setting, describes the supplemental services and personnel that were considered in an attempt to facilitate the student's placement in the general education setting, and lists the documentation reviewed which establishes the nature and severity of the disability warranting placement of the student in a 4201 State-supported school.

Procedural due process relating to appropriate notices, timelines, and safeguards has been adhered to in accordance with State and federal regulations by the CSE/CPSE. [8NYCRR 200.5 and 200.16 and 34CFR 300.500, 502-515, 562-569]

The 4201 State-supported school will maintain a current IEP document that has been developed by the CSE/CPSE. This document shall be implemented and maintained by the school in accordance with 8NYCRR 200.4(e), 200.5(a), and 200.5(a)(4).

The signatures below confirm that all required individuals were in attendance at the CSE/CPSE review and that the policies, procedures, and State and federal regulations previously listed in the Statements of Assurance pertaining to this student's special education placement have been adhered to by the CSE/CPSE.

Signature of two Board-appointed CSE/CPSE representatives:

_____	_____
CSE/CPSE Representative	Date
_____	_____
CSE/CPSE Representative	Date

Signature of representative from the 4201 State-supported school:

*(If teleconferencing was utilized, please check box below and indicate name of person and title)

<input type="checkbox"/>	_____	_____
	4201 State-supported School Representative	Date

Signature of Parent/Guardian:

*(If teleconferencing was utilized, please check box below and indicate name of parent/guardian)

<input type="checkbox"/>	_____	_____
	Parent/Guardian	Date

***Teleconferencing may be utilized, provided it occurred during the scheduled review.**

Important: Please include STAC-1s with this application

New York State Education Department Use Only

Dear Parent/Guardian:

Your child has been recommended and accepted for admission to the State-supported school indicated on this form. An IEP to which you have agreed has been developed. The New York State Education Department, Office of Special Education, has approved your child for appointment by the Commissioner of Education to be admitted to the school on the date indicated on this form. Please contact your local school district and the State-supported school to arrange the transportation services for your child. Should you have any questions, please contact our office at (518) 473-1185.

_____	_____
Signature of State Education Department Representative	Date

c: CSE / CPSE / Region / CBST

4201 State Supported School _____