



**Form J/A 07: APPLICATION for APPROVAL of JULY/AUGUST PROGRAM/SERVICE (S)**  
**Please complete every question in this application form** for each extended school year program/service(s) for which you are seeking funding approval. The STAC and Special Aids Unit will use the information on this form as the basis for the review of student STAC forms.

1. Name of school: \_\_\_\_\_

SED School Code: \_\_\_\_\_

2. Name of the specific extended school year program/service(s) for which you are seeking approval.

**PLEASE NOTE: If you are submitting an application for a 9000 and a 9015, you will need to submit two separate applications.**

Special Class Programs (9000 and 9010)

Full-Day (9000) or  Half-Day (9010) Special Class Program

Non-Special Class Programs (9015)

9015 A: Related Services Only  Specialized Instruction Only

Specialized Instruction with Related Services  Home/Hospital Instruction

3. Address: \_\_\_\_\_  
(Street and/or Post Office Box)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(County)

Address if location of program/service(s) is different from the address above:

\_\_\_\_\_  
(Street and/or Post Office Box)

\_\_\_\_\_  
(City) (State) (Zip)

4. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. E-mail address: \_\_\_\_\_

6. Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

7. Circle **PRIMARY** disability/(ies) of students attending this program/service(s):

- |                              |                          |                                |
|------------------------------|--------------------------|--------------------------------|
| <i>Autistic</i>              | <i>Deaf</i>              | <i>Orthopedically Impaired</i> |
| <i>Emotionally Disturbed</i> | <i>Hard of Hearing</i>   | <i>Other Health-Impaired</i>   |
| <i>Learning Disabled</i>     | <i>Speech-Impaired</i>   | <i>Multiply Disabled</i>       |
| <i>Mentally Retarded</i>     | <i>Visually Impaired</i> | <i>Deaf/Blind</i>              |
|                              |                          | <i>Traumatic Brain Injury</i>  |

8. Age (range) of student(s): \_\_\_\_\_ to \_\_\_\_\_ [ 8 NYCRR, §200.6 (g)(5) ]

9. Dates of this program/service(s): **Beginning** 7/\_\_\_/07 - **Ending** 8/\_\_\_/07

10. **Number** of hours of **daily instruction** excluding the lunch period: \_\_\_\_\_.

11. What staffing ratios will be used in this program/service(s)? [ Special Education Classes 9000 and 9010 only. ]

| <i>Staffing Ratio</i>                                    | <i>15:1</i> | <i>12:1</i> | <i>12:1+1</i> | <i>8:1+1</i> | <i>6:1+1</i> | <i>12:1+4</i> | <u><i>List any other options...</i></u> |
|--|-------------|-------------|---------------|--------------|--------------|---------------|---|
| <b>List the Number of Classes at Each Staffing Ratio</b> |             |             |               |              |              |               |   |

12. How many **New York State** students are expected to be served in this program during July/August? \_\_\_\_ How many will be **full-time** day students? \_\_\_\_ How many will be **less than full-time** day students? \_\_\_\_ How many will be residential? \_\_\_\_ **How many students will have 12-month IEPs?** \_\_\_\_

13. What related services will be provided? \_\_\_\_\_  
 \_\_\_\_\_

14. Will this special education program/service(s) be provided in a setting with nondisabled peers? Yes\_\_\_\_ No\_\_\_\_ If yes, please specify setting.  
 \_\_\_\_\_

15. Draw a box (  ) around all the dates on the calendar below to show the days of



program/service(s) instruction.

| JULY 2007 |    |          |    |    | AUGUST 2007 |    |    |    |    |
|-----------|----|----------|----|----|-------------|----|----|----|----|
| M         | T  | W        | Th | F  | M           | T  | W  | Th | F  |
| 2         | 3  | <b>4</b> | 5  | 6  |             |    | 1  | 2  | 3  |
| 9         | 10 | 11       | 12 | 13 | 6           | 7  | 8  | 9  | 10 |
| 16        | 17 | 18       | 19 | 20 | 13          | 14 | 15 | 16 | 17 |
| 23        | 24 | 25       | 26 | 27 | 20          | 21 | 22 | 23 | 24 |
| 30        | 31 |          |    |    | 27          | 28 | 29 | 30 |    |

16. Please explain how the following health and safety concerns would be managed with regards to the students eligible for this program/service (s):

- serious health emergencies (also indicate distance to nearest hospital) \_\_\_\_\_
- first aid \_\_\_\_\_
- who dispenses medication to students \_\_\_\_\_
- what procedures and in-service training are provided to staff to insure that any unusual medical and health needs of these severely disabled students will be met in an appropriate manner \_\_\_\_\_

17. **All programs/services must complete** this section and indicate the proposed start and finish time for each component of the instructional day. If you plan to operate the program/service(s) in more than one site, duplicate the table below and complete for each site.

**Site location:** \_\_\_\_\_

|           | (Street)                              | (City)   |
|-----------|---------------------------------------|--|
|           | <b>morning</b> session (start/finish) | <b>lunch</b> time (start/finish) <b>afternoon</b> session (start/finish) |
| Monday    | _____                                 | _____  |
| Tuesday   | _____                                 | _____  |
| Wednesday | _____                                 | _____  |
| Thursday  | _____                                 | _____  |
| Friday    | _____                                 | _____  |



**This special education program and services will be provided in accordance with Section 4408 of the Education Law and Part 200 of the Regulations of the Commissioner of Education and will include but not be limited to:**

- **The special education program and services and staff will meet all certification and education standards pursuant to Part 200 and Part 80 of the Regulations of the Commissioner of Education.**
- **The special education program and/or services will operate for a minimum of 30 days during the months of July and August only.**
- **All instructional and related services will be provided consistent with each student's Individualized Education Program (IEP).**
- **Publicly funded school-age students will not be admitted into the special education program and/or services without an IEP from the Committee on Special Education (CSE).**
- **Parents of students attending programs and services governed by this section will not be asked to make any payments for allowable costs for students placed according to NYS procedures.**
- **Programs will maintain appropriate accounting documentation and provide necessary financial reports when requested.**
- **The confidentiality of personally identifiable data, information or records pertaining to a student with a disability will be maintained in accordance with 34 CFR §§300.611 - 300.626 (August 14, 2006) Implementing Regulations of the Individuals with Disabilities Education Act of 2004, the Family Educational Rights and Privacy Act (FERPA) Regulations (34 CFR Part 99 - April 11, 1988) and 8NYCRR 200.5(e)(2).**
- **All programs and services will be provided in non-sectarian, neutral settings.**
- **To the maximum extent appropriate, students with disabilities will be educated with students who are nondisabled [34 CFR §300.114 (a)(2)(i)].**
- **Programs will comply with all applicable fire and safety regulations of the State and municipality in which the program/service(s) is located.**

**I, the undersigned, attest that the assurances provided are accurate regarding this program/service(s).**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / **2007**