

Form J/A 06: 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 (**CHECK ONLY ONE**): _____

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):

Autistic *Deaf* *Orthopedically Impaired*

Emotionally Disturbed *Hard of Hearing* *Other Health-Impaired*

Learning Disabled *Speech-Impaired* *Multiply Disabled*

Mentally Retarded *Visually Impaired* *Deaf/Blind*

Traumatic Brain Injury

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

9. Dates of this program/service(s): **Beginning** 7/_____/06 **Ending** 8/_____/06

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

11. What staffing ratios will be used in this program/service(s)?

<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>List any other options...</u>
List the Number of Classes at Each Staffing Ratio							

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 2006					AUGUST 2006				
M	T	W	Th	F	M	T	W	Th	F
3	4	5	6	7		1	2	3	4
10	11	12	13	14	7	8	9	10	11
17	18	19	20	21	14	15	16	17	18
24	25	26	27	28	21	22	23	24	25
31					28	29	30		

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

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 at least 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 the provisions of section 617(c) of the Individuals with Disabilities Education Act of 2004 (IDEA) and its proposed regulations, 34 CFR Part 99 and section 200.5 (e) (2) of the Regulations of the Commissioner.
- 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 (section 612(a)(5) of IDEA and its proposed regulations).
- 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 _____/_____/2006