

Form J/A 04: 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)

Related Services Only Specialized Instruction

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)

3. Telephone: _____ Fax: _____

4. E-mail address: _____

5. Contact Person: _____

Title: _____

6. 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

7. Age (range) of student(s): _____ to _____

8. Dates of this program/service(s): **Beginning** 7/____/04 **Ending** 8/____/04

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

10. 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><i>Other options...</i></u>
List the Number of Classes at Each Staffing Ratio							

11. 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?** _____

12. What related services will be provided? _____

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

13. Draw a box ([]) around all the dates on the calendar below to show the days of program/service(s) instruction.

JULY 2004					AUGUST 2004				
M	T	W	Th	F	M	T	W	Th	F
			1	2	2	3	4	5	6
<u>5</u>	6	7	8	9	9	10	11	12	13
12	13	14	15	16	16	17	18	19	20
19	20	21	22	23	23	24	25	26	27
26	27	28	29	30	30	31			

15. Please explain how the following health and safety concerns would be managed in 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

16. **All programs/services** must 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)

	morning session (start/finish) (start/finish)	lunch time (start/finish)	afternoon session
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

17. **ASSURANCES**

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 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 34 CFR Part 300, 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 (34 CFR 300.550).
- 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 _____ / _____ / **2004**