

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Vocational and Educational Services for
Individuals with Disabilities
Albany, New York 12234

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Rate Setting Unit
Albany, New York 12234

**Applications for
Preschool Special Education
and
Evaluation Programs
Pursuant to Section 4410 of Education Law**

April 2004

Applications for Preschool Special Education and Evaluation Programs

This preschool application is divided into the following sections:

| | |
|------------|---|
| Section A: | General Agency/District Information and Assurances |
| Section B: | Multidisciplinary Evaluation (MDE) Program |
| Section C: | Special Education Itinerant Services (SEIS) ¹ Program and Fiscal Information |
| Section D: | Special Class in an Integrated Setting (SCIS) Program and Budget |
| Section E: | Special Class (SC) Program and Fiscal Information |

GENERAL INSTRUCTIONS:

- **All applicants** must complete Section A: General Information and Assurances.
- **All applicants** must prepare and submit a written response to all applicable items in the narrative section found on page 6.
- **All applicants** must sign the certification statement provided at the end of Section A, page 8.
- **All applicants** must complete the Staffing Summary, Section A, page 10 with the exception of those applicants submitting applications for evaluation programs only.
- All applicants must ensure compliance with Article 139 of Education Law (Nurse Practice Act) when appropriate to program design.
- **All applicants** must complete the appropriate application(s) and budget(s) when required, for each new program they are requesting approval to operate.

A description of each preschool special education program can be found in Part 200 of the Regulations of the Commissioner.

- Program related questions should be referred to the Regional Associate's staff at the Regional Office for Special Education Quality Assurance: <http://www.vesid.nysed.gov/specialed/quality/qaoffices.htm> or the preschool staff at the Central Administration and Regional Support Services at (518) 473-6108.
- Additional resources are available at the SED website: <http://www.nysed.gov>, including the Office of Professions: <http://www.op.nysed.gov> and the Office of Teaching Initiatives: <http://www.highered.nysed.gov/tcert/>.
- Fiscal questions should be referred to staff of the Rate Setting Unit at (518) 474-3227.

¹This program type is also known as Special Education Itinerant Teacher (SEIT)

Preschool Application Introduction and Instructions

Applicants must submit the following (please label items):

| Required attachments by Application Section: | Section B MDE | Section C SEIS | Section D SCIS | Section E SC |
|--|--------------------------|---------------------------|---------------------------|-------------------------|
| 1. Organization Chart | X | X | X | X |
| 2. Copy of Certificate of Incorporation with purpose section and filing document, or Charter, and any related consents | X | X | X | X |
| 3. Copy of Certificate of Occupancy | X | | X | X |
| 4. Fire Inspection Report | X | | X | X |
| 5. Fire/Disaster Plan | X | | X | X |
| 6. Evacuation Plan for Non-ambulatory Children | X | | X | X |
| 7. School Calendar | * | X | X | X |
| 8. Copy of Building Lease (if building is rented or leased) | X | | X | X |
| 9. Copy of Authorization Schedule (if building is owned or less than arm's length lease) | | | X | X |
| 10. Copy of Day Care License (where applicable) | | | X | X |
| 11. Copy of Floor Plan (for all program sites) | X | | X | X |
| 12. Typed Narratives | X | X | X | X |
| 13. Certification(s) for bilingual staff | X | X | X | X |
| 14. Copy of collaborative agreement (where applicable); | | | X | |
| 15. Copies of contracts for evaluation components | X | | | |
| 16. Documentation of accessibility consistent with the Americans with Disabilities Act (ADA) | X | | X | X |
| 17. Documentation of Regional Need | | | X | X |

* Evaluations must be provided July 1 thru June 30 of each school year.

Applications will be considered incomplete if the required attachments are not included.

Agencies, school districts, BOCES may not operate the proposed program for preschool students with disabilities until written notification of approval by the State Education Department has been received. This approval will only be granted after the application is found to be consistent with applicable law and regulation as evidenced by a programmatic and on site review from the Regional Office for Special Education Quality Assurance staff and the program's budget is satisfactorily reviewed by the Rate Setting Unit.

Please mail an original and 5 copies of the applications to:

New York State Education Department
Central Administration Regional Support Services
One Commerce Plaza, Room 1624
Albany, NY 12234

Attention – Preschool Application

Section A: General Agency/District Information and Assurances

**Application for Approval of Preschool Special Education and
Evaluation Programs Pursuant to Section 4410 of Education Law**

Section A: General Agency/District Information and Assurances

| | | | |
|---|-----------------|---|---------------|
| 1. Legal Name of Agency/District | | | |
| 2. Doing Business As (DBA), If applicable | | | |
| 3. Mailing Address of Agency, School or District Administrative Office | Street | | |
| | City | State | Zip |
| 4. Address of Program Site(s), if different | Street | | |
| | City | State | Zip |
| 5. County and School District where Administrative Office Is Headquartered | County | | |
| | School District | | |
| 6. Agency's Federal ID Number: Agency's Charity Registration Number for Non-Profit Organizations from the Department of State: | | 7. Agency/District SED 12 digit code (if known) | |
| 8. Telephone of Administrative Office Area Code _____ Number _____ Ext. _____ Email Address* _____ | | 9. Fax Number of Administrative Office Area Code _____ Number _____ Ext. _____ | |
| 10. Name and Title of Chief Executive Officer/Chief School Official | Name | | |
| | Title | | |
| | Telephone | Fax Number | Email Address |
| 11. Contact Person for the Educational Program | Name | | |
| | Title | | |
| | Telephone | Fax Number | Email Address |
| 12. Contact Person for the Fiscal Information | Name | | |
| | Title | | |
| | Telephone | Fax Number | Email Address |

*This information is required and will be used for Department electronic mailings.

Section A: General Agency/District Information and Assurances

13. Entity Type: (Check only one, Private or Public)

Private Entity:

- a.) Corporation (Specify Type) _____ (Date of Incorporation) _____
- b.) Partnership (Specify Type) _____ (Date of Formation) _____
- c.) Other (Specify Type) _____ (Date of Formation) _____

Public Entity:

- a.) School District
- b.) BOCES
- c.) State
- d.) County-Government Agency

14. If Private Entity: (Check only one)

- a.) For-Profit (Business Corporation Law)
Attach a copy of the certificate of incorporation with purpose section or registration pursuant to NY Business Corporation Law (and any certificates of amendment), along with the related consent(s) of the Commissioner of Education.
- b.) Non-Profit (Education Corporation or Not-for-Profit Corporation)
 - Education Corporation
Attach a copy of the charter from the Board of Regents (and any charter amendments)
 - Not-for-Profit Corporation
Attach a copy of the certificate of incorporation with purpose section pursuant to NY Not-for-Profit Corporation Law (and any certificates of amendment), along with the related consent(s) of the Commissioner of Education.

For further information on consents and charters, contact the Office of Counsel at (518) 473-8296.

15. Attach a list of the related entities (less than arms length pursuant to 200.9(a)(14)) that operate any programs approved under Articles 81, 85, or 89. Also include names of staff members who are providing services to these related entities operating approved programs who will also provide services to these programs seeking initial approval.

Section A: General Agency/District Information and Assurances

16. Complete the chart below for each currently approved preschool special education program and/or for each program for which you are now seeking approval:

| Type of Program | Indicate Approval Status | If Bilingual, Specify Language(s) | Indicate Length of Program |
|---|--|--|---|
| Multidisciplinary Evaluation (MDE) | <input type="radio"/> Currently Approved <input type="radio"/> Seeking Approval | | Evaluations must be available on a twelve-month basis (July 1 – June 30) |
| Special Education Itinerant Services (SEIS) | <input type="radio"/> Currently Approved <input type="radio"/> Seeking Approval | | <input type="radio"/> September – June <input type="radio"/> July/August |
| Special Class in an Integrated Setting (SCIS) | <input type="radio"/> Currently Approved <input type="radio"/> Seeking Approval | | <input type="radio"/> September – June <input type="radio"/> July/August |
| Special Class (SC) | <input type="radio"/> Currently Approved <input type="radio"/> Seeking Approval | | <input type="radio"/> September – June <input type="radio"/> July/August |

Narrative Section

Provide a typed narrative for each of the following questions that are relevant to your application.

For Multidisciplinary Evaluation Programs:

- Indicate the name and title of any individual from the evaluation site who will have direct supervisory responsibilities for the Multidisciplinary Evaluation process including staff; provide the supervisor's resume to document an appropriate level of experience. Supervision requirements are outlined in Part 80 (<http://www.highered.nysed.gov/tcert>)
- Describe how any specialized evaluation services will be arranged and who will conduct them.
- Attach copies of any agreements your agency has for specialized evaluations. (Section 4410.9(b) of Education Law)
- Describe how bilingual evaluations will be conducted.
- Attach copies of certification and required experience of the bilingual evaluator.
- Provide site accessibility documentation from an architect, engineer or organization familiar with public buildings and program accessibility requirements of the Americans with Disabilities Act.²

For Preschool Programs (SEIS, SCIS, SC):

- Indicate how the preschool special education program will provide services to preschool students with disabilities in the least restrictive environment.
- Describe how instructional programming will address the appropriate State learning standards for early childhood. The New York State Learning Standards can be accessed at www.emsc.nysed.gov/ciai/

² All preschool programs receiving public funds seeking or wanting to continue approval must provide special education programs consistent with accessibility requirements of the Americans with Disabilities Act. This ensures that the continuum of services options for all preschool special education programs are accessible to students, parents, staff and visitors.

Section A: General Agency/District Information and Assurances

- Describe how programming and curriculum will incorporate each student's IEP goals and objectives and developmental levels.
- For SEIS programs, describe the method of coordinating the provision of related services when included on the preschool student's IEP.
- Provide a plan for parental involvement, as appropriate.
- For SCIS and SC programs, provide site accessibility documentation from an architect, engineer or organization familiar with public buildings and program accessibility requirements of the Americans with Disabilities Act.³
- Provide the plan for staff supervision, including employed and sub-contractual staff. Indicate the name and title of any individual who will have direct supervisory responsibilities for the Preschool Program process including staff; provide the supervisor's resume to document an appropriate level of experience. If an administrator or supervisor is serving more than 25 percent of his or her assignment in such capacity, a certificate valid for administrative and supervisory service should be indicated on the administrator or supervisor's resume.
- If applying for a bilingual program, indicate how the program will provide bilingual instruction to students recommended for bilingual services. Submit copies of certification for bilingual staff.
- If the special class in an integrated setting is in an early childhood program operated by another agency, indicate the name of the agency and submit a copy of the collaborative agreement with that agency.

³ See Footnote 2

Section A: General Agency/District Information and Assurances

ASSURANCES

Instructions: Read and initial on the line provided all assurances that are applicable to the program(s) for which your agency or school district is seeking approval.

All preschool special education programs and services shall be provided in accordance with Section 4410 of Education Law and the Part 200 Regulations of the Commissioner and shall include but not be limited to the following:

| | |
|---------------------------------------|--|
| _____ MDE | 1. For Multidisciplinary Evaluation Programs, an individual evaluation shall be conducted upon referral by the Committee on Preschool Special Education and with parental consent. Each evaluation shall consist of physical and psychological assessments, a social history and other appropriate examinations and evaluations as may be necessary to ascertain the physical, mental, and emotional factors which contribute to the suspected disability. Each evaluation shall also include an observation of the child in the current educational placement or an age appropriate environment and, if appropriate, a functional behavior assessment (Sections 200.16(c) and 200.4(b) of the Regulations of the Commissioner). |
| _____ MDE | 2. For Multidisciplinary Evaluation Programs, tests and other assessment procedures must be appropriately administered and selected as required in laws and regulations so as to be valid for the student and must be provided at no cost to the parents (Section 200.4(b)(6) of the Regulations of the Commissioner). |
| _____ MDE | 3. For Multidisciplinary Evaluation Programs, more than one procedure shall be used for determining an appropriate educational program for a student (Section 200.4(b) of the Regulations of the Commissioner). |
| _____ MDE | 4. For Multidisciplinary Evaluation Programs, assessments shall be administered by trained and/or certified personnel in accordance with the instructions provided by those who developed such tests or procedures (Section 200.4(b)(6) of the Regulations of the Commissioner). |
| _____ MDE | 5. For Multidisciplinary Evaluation Programs, evaluations shall be conducted by a multidisciplinary team including at least one teacher or other specialist with certification or knowledge in the area of the suspected disability (Section 200.4(b)(6) of the Regulations of the Commissioner). |
| _____ MDE, SEIS, SCIS, SC | 6. For preschool special education programs, staff shall meet all certification and education standards pursuant to Part 200 and Part 80 of the Regulations of the Commissioner. |
| _____ SEIS, SCIS, SC | 7. For preschool special education programs, operation of such program(s) shall not be less than 180 days each year from September – June and 30 days for extended school year July 1 – August 31 (Section 200.20(a) of the Regulations of the Commissioner). |
| _____ SEIS, SCIS, SC | 8. All instructional and related services shall be provided consistent with each student's Individualized Education Program (IEP). Each preschool student with a disability shall be provided with the extent and duration of services described in the student's IEP (Section 200.20(a) of the Regulations of the Commissioner). |
| _____ SEIS, SCIS, SC | 9. Parents of students attending schools governed by this section shall not be asked to make any payments for allowable costs for students placed according to New York State procedures (Section 200.7(b) of the Regulations of the Commissioner). |
| _____ MDE SEIS, SCIS, SC | 10. All preschool special education programs and services shall be provided consistent with the information described in this application unless a request to change any component of the program has been submitted for review and accepted as approved by the State Education Department. Such changes include, but are not limited to, hours of daily instruction, student/staff ratio's, number of classes and program location (Section 4410 of Education Law). |

Section A: General Agency/District Information and Assurances

| | |
|-----------------------------|---|
| MDE SEIS, SCIS, SC | 11. All programs shall maintain appropriate accounting documentation and provide necessary financial reports (Sections 200.9(d) and 200.9(e) of the Regulations of the Commissioner). |
| SEIS | 12. Special Education Itinerant Services (SEIS) shall be provided for at least two hours per week for each preschool student with a disability (Section 200.16(h) of the Regulations of the Commissioner). |
| SEIS | 13. For Special Education Itinerant Services programs, the total number of students with disabilities assigned to the special education teacher shall not exceed 20 (Section 200.16(h) of the Regulations of the Commissioner). |
| SCIS | 14. Special Class in an Integrated Setting (SCIS) programs shall employ a special education teacher and at least one paraprofessional in a classroom made up of no more than 12 preschool students with and without disabilities, or a classroom that is made up of no more than 12 preschool students with disabilities staffed by a special education teacher and at least one paraprofessional that is located in the same physical classroom space as a preschool class of students without disabilities taught by a non-special education teacher (Section 200.9(f) of the Regulations of the Commissioner), or such programs may request a waiver, for an innovative program consistent with Section 200.16(h). |
| SCIS, SC | 15. The age range within classes shall not exceed 36 months (Section 200.16(h) of the Regulations of the Commissioner). |
| SCIS | 16. The program budgetary information provided herein is true, complete, and in compliance with all applicable regulations (Section 200.9 of the Regulations of the Commissioner). |
| SCIS, SC | 17. At least 12 fire drills will be conducted during the school year, eight of which must be held between 9/1 and 12/1 of each school year. A fire drill log specifying time conducted, evacuation time and any difficulties encountered during the fire drill will be maintained (Section 807 of Education Law) – In NYC: Article 47 of the NYC Health code indicates that fire drills must be conducted monthly and logged for Fire Department Inspection. |
| SCIS, SC | 18. For programs operating on a 12 month basis, an additional 2 fire drills are required to be conducted during the months of July and August (Section 807 of Education Law). |
| SCIS, SC | 19. All applicable fire and safety regulations of the State and municipality in which the program is located will be conformed to. |
| SEIS, SCIS, SC | 20. Psychotropic drugs will only be administered if the program has a written policy pertaining to such use. The parent of a student who is recommended to attend such a program will be provided with a copy of the written policy at the time the recommendation is made. (Section 200.16(d) of the Regulations of the Commissioner). |

Certification Statement

I, the undersigned, have read and attest that the initialed assurances indicated above as required in this application are accurate and will be fulfilled with regard to the preschool special education program(s) for preschool students with disabilities operated by this agency/district.

Chief Executive Officer/Chief School Official

Title

STAFFING SUMMARY

List each member of the professional supervisory or administrative staff, related/support services staff, educational services staff (teacher/paraprofessional), their certification or licensure and their allocation of time for the preschool special education program(s) proposed. Time that these staff members spend in the provision of services in other programs including, but not limited to, the early intervention program, school-aged special education program or preschool related services should be reported in the "Hrs. Per Week for Other Programs" column.

Please duplicate this page as necessary.

| Position | Type of NYS Certification or License Held | Certificate/ License Number | Hrs. Per week for Special Class in an Integrated Setting/Program | Specify Staff (S) or Contract (C) | Hrs. Per Week for Special Class Program | Hrs. Per Week for Multi-Disciplinary Evaluation Program | Hrs. Per Week for Special Education Itinerant Services | Hrs. Per week for Related Services from County List | Hrs. Per Week for Other Programs | Total Work Hours Per Week |
|----------|---|-----------------------------|--|-----------------------------------|---|---|--|---|----------------------------------|---------------------------|
| | | | | | | | | | | |
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Section B: Multidisciplinary Evaluation Program

Instructions: Complete this section if your agency or school district is seeking approval as a new multidisciplinary evaluation program.

List the evaluation services that will be available, including the physical examination, social history, individual psychological evaluation and other evaluations. Attach additional sheets if necessary.

| Type of Evaluation Services | Type of NYS Certification and/or License Held by Evaluator** | Specify Staff (S) Or Contract (C) | Specify Language and Certification of Bilingual Evaluator** | Projected Number of Children to be Evaluated Per Week |
|-----------------------------|--|-----------------------------------|---|---|
| Physical Exam | | | | |
| Social History | | | | |
| Psychological | | | | |
| | | | | |
| | | | | |
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| | | | | |
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** Attach copies of each professional's certification and/or licensure and bilingual staff certifications

| |
|---|
| Please list below the counties which you propose to serve |
| |
| |
| |
| |
| |

Section C: Special Education Itinerant Services (SEIS) Program and Fiscal Information

Also known as Special Education Itinerant Teacher (SEIT)

Instructions: Complete this section if your agency or school district is seeking approval as a new special education itinerant services (SEIS) program.

Indicate the proposed hours of operation for this program:

| | Time | |
|-----------------------|-------|--------|
| | Start | Finish |
| Monday through Friday | | |

Program Enrollment Data

Indicate on line 1 in the table below the total number of preschool students with a disability this program proposes to serve who meet the criteria in Section 200.1(mm) of the Regulations of the Commissioner. Identify on lines "a" through "h" the proposed number of students, if any, who meet the eligibility criteria identified in Section 200.1(mm)1(ii) of the Regulations. Note that the total on line 1 may exceed the sum of lines "a" through "h" because each student may not be labeled with a specific disability.

On Line 2, enter the number of instructional days in the proposed SEIS program calendar.

On Line 3, enter the standard hours per week that a full-time teacher works, either in this program or in other preschool programs operated by your agency/district. This number may not be less than 35 hours per week.

On Line 4, enter the billable hours for the students reported on line 1. Billable hours are defined as time allotted for providing direct and/or indirect special education itinerant services in accordance with the student's IEP on an enrollment basis in accordance with Section 175.6(a)(1) and (z) of the Regulations of the Commissioner. Direct services are scheduled special education sessions with the student. Indirect services are scheduled consultations with the student's day care/regular education teacher. Total billable hours must be at least two (2) hours per week for each student.

| Program Enrollment Data | Summer | School Year |
|--|--------|-------------|
| 1. Projected Total Number of Preschool Students with Disability (If known, also indicate the total number of students identified by disability.) | | |
| a. Autistic | | |
| b. Deaf | | |
| c. Deaf/Blindness | | |
| d. Hard of Hearing | | |
| e. Orthopedically Impaired | | |
| f. Other Health Impaired | | |
| g. Traumatic Brain Injury | | |
| h. Visually Impaired | | |
| 2. Number of Days in Session | | |
| 3. Teacher's Standard Work Week Hours | | |
| 4. Billable Hours | | |
| Total | | |

Fiscal Information for Special Education Itinerant Service Programs

Agencies/Districts applying for special education itinerant service programs are not required to submit a budget. The reimbursement for these programs will be based on the regional weighted average half hour tuition rates. These half-hour regional weighted average tuition rates can be viewed at the following website address: http://www.oms.nysed.gov/rsu/Correspondence/Methodology_Letters.html . The Reimbursable Cost Manual (RCM) is available by calling (518) 474-3227 or at <http://www.oms.nysed.gov/rsu/home.html>. The RCM defines items to be included in specific expense accounts and is the basis for determining reimbursable costs on desk audits and field audits.

Section D: Special Class in an Integrated Setting (SCIS) Program and Budget

Instructions: Complete this section if your agency or school district is seeking approval as a special class in an integrated setting (SCIS).

Hours of Instructional Program

Indicate the proposed start and finish time for each component of the instructional day. If you plan to operate the program in more than one site, duplicate the table below and complete for each site. Identify whether classes are half day (not less than 2 ½ hours of instruction per day) or full day (more than 2 ½ hours of instruction per day).

Half Day Class Program

| Site Address | Morning Class Instructional Time | | | Afternoon Class Instructional Time | |
|--------------|----------------------------------|--------|--|------------------------------------|--------|
| | Start | Finish | | Start | Finish |
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |

Full Day Class Program

| Site Address | Morning Instructional Session Time | | Lunch Time | | Afternoon Instructional Session Time | |
|--------------|------------------------------------|--------|------------|--------|--------------------------------------|--------|
| | Start | Finish | Start | Finish | Start | Finish |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |

Is lunch instructional? **Yes** ρ **No** ρ

Section D: Special Class in an Integrated Setting (SCIS) Program and Budget

Classroom Student/Staff Data

Indicate in the table below the proposed student/staff ratio for each special class in an integrated setting. Copy and submit as an additional page if more than 7 classes will be offered in this program. Identify whether classes are half day (not less than 2 ½ hours of instruction per day) or full day (more than 2 ½ hours of instruction per day) by indicating **H** for half day and **F** for full day.

| Counts | Class | | | | | | | | | | | | | |
|--|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | |
| | H | F | H | F | H | F | H | F | H | F | H | F | H | F |
| Classroom Site | | | | | | | | | | | | | | |
| Number of Preschool Students With a Disability | | | | | | | | | | | | | | |
| Number of Preschool Students Without a Disability | | | | | | | | | | | | | | |
| Number of Certified Special Education Teachers | | | | | | | | | | | | | | |
| Number of Non-Special Education Certified Teachers | | | | | | | | | | | | | | |
| Number of Paraprofessionals: Special Education | | | | | | | | | | | | | | |
| Number of Paraprofessionals: Non-Special Education | | | | | | | | | | | | | | |

BUDGET FOR SPECIAL CLASS IN AN INTEGRATED SETTING

Program Enrollment Data

Indicate on line 1 in the table below the total full-time equivalent (FTE) number of preschool students with a disability this program proposes to serve who meet the criteria in Section 200.1(mm) of the Regulations of the Commissioner. Identify on lines "a" through "h" the proposed FTE number of students, if any, who meet the eligibility criteria identified in Section 200.1(mm) of the Regulations. Note that the total on line 1 may exceed the sum of lines "a" through "h" because each student may not be labeled with a specific disability. Identify whether students are half day (not less than 2 ½ hours of instruction per day) or full day (more than 2 1/2 hours of instruction per day) by indicating H for half day and F for full day.

Full time equivalent (FTE) for SCIS programs must be calculated in accordance with Section 175.6 of the Regulations of the Commissioner.

On Line 2, enter the total number of full-time equivalent (FTE) students without a disability to be served in this program.

On Line 3, enter the number of instructional days in the proposed SCIS program calendar.

On Line 4, enter the standard hours per week that a full-time teacher works, either in this program or in other preschool programs operated by your agency/district. This number may not be less than 35 hours per week.

Section D: Special Class in an Integrated Setting (SCIS) Program and Budget

Identify whether classes are half day (not less than 2 ½ hours of instruction per day) or full day (more than 2 ½ hours of instruction per day) by indicating number in appropriate column indicating **H** for half day and **F** for full day.

| Enrollment | Summer | | School Year | |
|--|--------|---|-------------|---|
| | H | F | H | F |
| 1. Projected Total FTE Number of Preschool Students with Disability (if known, also indicate the total FTE number of students identified by disability.) | | | | |
| a. Autistic | | | | |
| b. Deaf | | | | |
| c. Deaf/Blindness | | | | |
| d. Hard of Hearing | | | | |
| e. Orthopedically Impaired | | | | |
| f. Other Health Impaired | | | | |
| g. Traumatic Brain Injury | | | | |
| h. Visually Impaired | | | | |
| 2. Preschool Students without a Disability | | | | |
| 3. Number of Days in Session | | | | |
| 4. Teacher's Standard Work Week | | | | |

Instructions for Completing the Special Class in an Integrated Setting (SCIS) Budget

The Reimbursable Cost Manual (RCM) is available by calling (518) 474-3227 or at www.oms.nysed.gov/rsu/home.html. The RCM defines items to be included in specific expense accounts listed on the budget schedules and is the basis for determining reimbursable costs on desk audits and field audits.

SCHEDULE 1: Projected Program Expenditures

- If you are applying for both full day and half day classes please complete separate schedules 1 through 4 for half day and full day classes.
- Report projected expenditures in whole dollar amounts.
- In Schedule 1, projected program expenses for both students with disabilities and students without disabilities should be combined for reporting purposes.
- Projected expenditures must be reasonable, necessary and directly related to the SCIS program.
- For **private providers**, on the "Other (Specify)" line, report expenditures not listed on lines 8 through 27. Attach detail for any amount listed here.
- For **BOCES**, the expenditures indicated on the budget may not be compatible with expense classifications as defined by the Uniform System Of Accounts. Expenditures, which are expected to be incurred but are not specifically listed on the budget, should be included in the "Other (Specify)" line. Attach detail for any amount listed here.
- For **public schools**, the expenditures indicated on the budget may not be compatible with expense classifications as defined by the Uniform System Of Accounts. Expenditures, which are expected to be incurred but are not specifically listed on the budget, should be included in the "Other (Specify)" line. Attach detail for any amount listed here.

Section D: Special Class in an Integrated Setting (SCIS) Program and Budget

Special Class in an Integrated Setting (SCIS) Budget

**Schedule 1: Projected Program Expenditures – Do not leave any line item blanks --
(Indicate – 0 – or N/A)**

| Account | Non-direct Care | Direct Care |
|--|-----------------|-------------|
| Personal Services: | | |
| 1. Salaries | | |
| 2. Social Security | | |
| 3. Insurance (Life & Health) | | |
| 4. Pension and Retirement | | |
| 5. Worker's Compensation, Unemployment Insurance, NYS Disability | | |
| 6. Other Fringe Benefits (Specify) | | |
| 7. Total Personal Services (Sum of Lines 1-6) | | |
| Other Than Personal Services (OTPS) | | |
| 8. Travel | | |
| 9. Contracted Services | | |
| 10. Supplies and Materials | | |
| 11. Repairs and Maintenance | | |
| 12. Staff Training | | |
| 13. Audit/Legal | | |
| 14. Office Supplies/Postage | | |
| 15. Utilities/Phone | | |
| 16. Lease/Rental Vehicle | | |
| 17. Lease/Rental Equipment | | |
| 18. Depreciation -Vehicle | | |
| 19. Depreciation – Equipment | | |
| 20. Lease/Rental Property | | |
| 21. Leasehold and Leasehold Improvements | | |
| 22. Depreciation Building | | |
| 23. Depreciation – Building Improvements | | |
| 24. Depreciation – Land Improvements | | |
| 25. Interest – Mortgage | | |
| 26. Insurance – Property/Casualty | | |
| 27. BOCES Services (<i>Public School Use Only</i>) | | |
| 28. Other (Specify) | | |
| 29. Total OTPS (Sum of Lines 8-29) | | |
| 30. GRAND TOTAL (Sum of Lines 7 and 29) | | |

Section D: Special Class in an Integrated Setting (SCIS) Program and Budget

Special Class in an Integrated Setting (SCIS) Budget (continued)

SCHEDULE 2: Projected Personal Services

- In Schedule 2, report projected salaries of Non-direct Care (Administration/Facility) and Direct Care (Instructional, Social Services and Related Services) staff by job classification using the applicable job titles listed below as a guide. The total salaries must reconcile with the projected expenditures reported on line 1, "Salaries", on Schedule 1 "Projected Expenditures".

| Non-direct Care Positions | Direct Care Positions |
|------------------------------------|--|
| Executive Director/Superintendent | Teacher – Substitute |
| Finance Director/Business Official | Teacher - Special Education |
| Program Administrator/Supervisor | Teacher – Non-Special Education |
| Administrator | Teacher – Aide/Assistant – Special Education |
| Accountant/Bookkeeper | School Psychologist |
| Office Related | School Social Worker |
| Maintenance Worker | Speech Therapist |
| Other (Specify) | Physical Therapist |
| | Occupational Therapist |
| | Therapy Aides |
| | Other (Specify) |

- The FTE should be rounded to two decimal places (.00). The standard formula for calculating an employee's full-time-equivalent (FTE) is as follows:

| |
|--|
| $\frac{\text{Total Hours of Projected Employment}}{\text{Standard Work Week Hours} \times 52 \text{ Weeks}}$ |
|--|

Schedule 2

Non-direct Care – Administration/Facility

| Job Title | Salary | FTE |
|---|--------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL (Must reconcile with Schedule 1, Line 1) | | |

Direct Care – Instructional, Social Services, Related Services

| Job Title | Salary | FTE |
|---|--------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL (Must reconcile with Schedule 1, Line 1) | | |

Section D: Special Class in an Integrated Setting (SCIS) Program and Budget

SCHEDULE 3: Projected Contracted Services

- In Schedule 3, provide information relating to individual consultants or contractors expected to be employed during the year. The total amount should reconcile to Line 9, "Contracted Services", on Schedule 1 "Projected Program Expenditures".

Schedule 3

| Type of Service | Hours of Service | Total To Be Paid (Direct Care) | Total To Be Paid (Non-direct Care) |
|---|------------------|--------------------------------|------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL (Must reconcile with Schedule 1, Line 9) | | | |

SCHEDULE 4: Projected Non-disabled Revenues

| | |
|--|-------|
| Projected Non-disabled Revenues | _____ |
| (Report the total amount of revenue expected to be collected for your non-disabled student population) | |

Section E: Special Class Programs and Fiscal Information

Instructions: Complete this section if your agency or school district is seeking approval for a special class program.

NOTE: Programs for preschool students with disabilities in special classes or separate facilities (i.e., facility serving primarily or exclusively students with disabilities) must provide justification of the need for the proposed program **before** completing this application. ² The January 2000 updated memorandum from Rita Levay explains the steps that need to be completed **before** submitting this application and the documentation that must be provided as justification for the proposed program.

Hours of Instructional Program

Indicate the proposed start and finish time for each component of the instructional day. If you plan to operate the program in more than one site, duplicate the table below and complete for each site. Identify whether classes are half day (not less than 2 ½ hours of instruction per day) or full day (more than 2 ½ hours of instruction per day).

Half Day Class Program

| Site Address _____ | Morning Class Instructional Time | | Afternoon Class Instructional Time | |
|-----------------------|----------------------------------|--------|------------------------------------|--------|
| | Start | Finish | Start | Finish |
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |

Full Day Class Program

| Site Address _____ | Morning Instructional Session Time | | Lunch Time | | Afternoon Instructional Session Time | |
|-----------------------|------------------------------------|--------|------------|--------|--------------------------------------|--------|
| | Start | Finish | Start | Finish | Start | Finish |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |

Is lunch instructional?

Yes

No

² Refer to January 2000 field memorandum, *Procedures for Application and Approval of Any New or Expanded Programs in Settings which Include only Preschool Children with Disabilities*, for more detailed description of written justification requirements (www.vesid.nysed.gov/specialed/publications/preschool/expandprog.htm).

Section E: Special Class Programs and Fiscal Information

Classroom Student/Staff Data

Indicate in the table below the proposed student/staff ratio for each special class. Copy if more than 7 classes will be offered and submit as additional page. Identify whether classes are half day (not less than 2 ½ hours of instruction per day) or full day (more than 2 ½ hours of instruction per day) by indicating number in the appropriate column, **H** for half day and **F** for full day.

| Counts | Class | | | | | | | | | | | | | |
|--|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | |
| | H | F | H | F | H | F | H | F | H | F | H | F | H | F |
| Classroom Location/Site | | | | | | | | | | | | | | |
| Number of Preschool Students with a Disability | | | | | | | | | | | | | | |
| Number of Certified Special Education Teachers | | | | | | | | | | | | | | |
| Number of Paraprofessionals | | | | | | | | | | | | | | |

BUDGET FOR SPECIAL CLASS PROGRAMS

Program Enrollment Data

Indicate in the table below the total full-time equivalent (FTE) number of preschool students with a disability this program proposes to serve who meet the criteria in Section 200.1(mm) of the Regulations of the Commissioner. Identify on lines "a" through "h" the proposed FTE number of students, if any, who may meet the eligibility criteria identified in Section 200.1(mm) of the Regulations. Note that the total on line 1 may exceed the sum of lines "a" through "h" because each student may not be labeled with a specific disability.

- Full-time equivalent (FTE) for special class programs must be calculated in accordance with Section 175.6 of the Regulations of the Commissioner.
- On line 2, enter the number of instructional days in the proposed special class program calendar.
- On line 3, enter the standard hours per week that a full-time teacher works, either in this program or in other preschool programs operated by your agency/district. This number may not be less than 35 hours per week.

Section E: Special Class Programs and Fiscal Information

Identify whether classes are half day (not less than 2 ½ hours of instruction per day) or full day (more than 2 ½ hours of instruction per day) by indicating number in the appropriate column, **H** for half day and **F** for full day.

| Enrollment | Summer | | School Year | |
|---|----------|----------|-------------|----------|
| | <u>H</u> | <u>F</u> | <u>H</u> | <u>F</u> |
| 1. Projected Total FTE Number of Preschool Students with a Disability | | | | |
| a. Autistic | | | | |
| b. Deaf | | | | |
| c. Deaf/Blindness | | | | |
| d. Hard of Hearing | | | | |
| e. Orthopedically Impaired | | | | |
| f. Other Health Impaired | | | | |
| g. Traumatic Brain Injury | | | | |
| h. Visually Impaired | | | | |
| 2. Number of Days in Session | | | | |
| 3. Teacher's Standard Work Week Hours | | | | |

Fiscal Information for Special Class Programs

Agencies/Districts applying for special class programs are not required to submit a budget. The tuition rate for these programs seeking initial approval will be based on the regional weighted average per diem (RWAPD) tuition rate for two years until such time that the required financial statements and reports of the new program are received by the Commissioner. Separate regional weighted average per diem tuition rates will be used for school age programs and for preschool programs. The tuition rate for the third and subsequent years will be calculated using the standard methodology only if the actual full-time equivalent enrollment for the base year reported on the financial reports equals or exceeds the minimum number of full-time equivalent students required for program approval (Section 200.7(c)(3) of the Regulations of the Commissioner). If the reported base full-time equivalent enrollment is less than the required minimum enrollment, then the program will continue to receive the regional weighted average per diem tuition rate for the rate year until such time that the program's actual base year enrollment equals or exceeds the required minimum number of full-time equivalent students (Section 200.9(f)(2) of the Regulations of the Commissioner). The RWAPD rates may be viewed at:
http://www.oms.nysed.gov/rsu/Correspondence/Methodology_Letters.html