



Attn: Independent Schools
219 North Main Street, Suite 402
Barre, VT 05641 (p) 802-479-1030 | (f) 802-479-1835

Approved Independent School: Special Education Application

The Approved Independent School: Special Education Application is required for all persons and entities seeking approval, renewal, or amendment in one or more Special Education Disability Categories, pursuant to State Board of Education (SBE) Rule 2222 and 2228.

All other schools seeking approval, renewal, or a General Education amendment (additional grades or ages served, etc.) must also complete and submit the Approved Independent School: General Education Application concurrently with this document.

NEASC-accredited schools seeking approval or renewal must also complete the Approved Independent School: NEASC Application.

Completing the Application

The completed application may be submitted electronically and emailed as a Word document to pat.pallasgray@vermont.gov; or may be printed, completed by hand, and sent by US mail using the above address. Please retain a copy for your records. Incomplete applications will not be processed.

Applications must include:

- A completed copy of this form; and
Any additional information about your special education programming that you think might be relevant to this application (optional—see section 7).

This application may be subject to disclosure under the Vermont Public Records Act, as codified at 1 V.S.A. § 315 et seq.

Questions about the Application Process

Please contact Pat Pallas Gray, pat.pallasgray@vermont.gov, (802) 479-1199 for assistance.

Table with 2 columns and 8 rows for school information and contact details. Includes fields for School Name, Address, City/State, Zip, Website, Head of School, Director of Special Education, Title, and Phone.

Zip:	Click here to enter text.	Fax:	Click here to enter text.
Website:	Click here to enter text.	Email:	Click here to enter text.

2. Student Enrollment: Students with Disabilities	<i>Vermont Rule 2225.3</i>
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2.1	<p>Briefly describe the school's enrollment related to students with disabilities. This could include any or all of the following: enrollment by grade, enrollment by gender, enrollment by disability category, total enrollment, DCF-licensed maximum enrollment, or any other demographic information that would provide student enrollment insights.</p> <p>Click here to enter text.</p>
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2.2	Pursuant to Rule 2225.3, please answer the following:
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Disability Categories		Your school is currently approved to serve:	Your school is seeking approval or renewal for:
a.	Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>
b.	Deaf/Blindness	<input type="checkbox"/>	<input type="checkbox"/>
c.	Deaf/Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>
d.	Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>
e.	Emotional Disturbance	<input type="checkbox"/>	<input type="checkbox"/>
f.	Intellectual Disability	<input type="checkbox"/>	<input type="checkbox"/>
g.	Multiple Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
h.	Orthopedic Impairment	<input type="checkbox"/>	<input type="checkbox"/>
i.	Other Health Impairment	<input type="checkbox"/>	<input type="checkbox"/>
j.	Specific Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
k.	Speech or Language Impairment	<input type="checkbox"/>	<input type="checkbox"/>
l.	Traumatic Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>
m.	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
n.	None	<input type="checkbox"/>	N/A

For AOE Use Only

<i>Reviewer Notes:</i>
<i>Requests for additional information and/or revisions:</i>

3. Special Education Policies and Procedures

Vermont Rule 2228.3

Briefly describe your **special education-specific** policies and procedures, related to the following:

3.1	Admissions: Click here to enter text.
3.2	Least Restrictive Environment (LRE): Click here to enter text.
3.3	Discipline: Click here to enter text.
3.4	Graduation: Click here to enter text.
3.5	Faculty Qualifications: Click here to enter text.
3.6	Faculty/Student Ratios: Click here to enter text.

For AOE Use Only

Reviewer Notes:

Requests for additional information and/or revisions:

4. Coordination of Services*Vermont Rule 2228.3.1*

Pursuant to SBE Rule 2228.3.1, independent schools are required to coordinate with sending responsible agencies, parents, public agencies, and other service providers serving students, in order to support the goals described below. Briefly describe school policies and/or procedures related to the coordination of:

4.1	Maintaining educational records: Click here to enter text.
4.2	Disclosing student's educational records to the responsible sending agency and students' parents: Click here to enter text.
4.3	The development of IEPs: Click here to enter text.
4.4	The implementation of IEPs: Click here to enter text.
4.5	The evaluation of IEPs: Click here to enter text.
4.6	Providing prior notice to the sending LEA regarding the need for a change in the student's program or placement, including long-term suspension or expulsion: Click here to enter text.

For AOE Use Only*Reviewer Notes:**Requests for additional information and/or revisions:*

5. Special Education Staff

Vermont Rule 2228.3.2

Please complete Table 5 (at the end of this form) related to any staff members who:

- Provide special education and/or related services
- Supervise the provision of special education and/or related services

For AOE Use Only

Reviewer Notes:

Requests for additional information and/or revisions:

6. Assurances

Vermont Rules 2228.3 and 2228.4

Head of School: please sign below to assure the State Board of Education that:

1. Table 5 represents a complete list of your school’s current professional staff members providing or supervising the provision of special education services and related supports. (Rules 2228.3(5) and 2228.3.2);
2. Evidence of Vermont professional licensure for each staff member listed in Table 5 will be available for review by the AOE, upon request (Rule 2228.3.2). Evidence of VT professional licensure may include either a print screen from the AOE Licensing Database or an actual copy of the current license;
3. Prior to enrolling a publicly-placed student who is served pursuant to an IEP, your school will enter into a written agreement with the sending responsible agency that outlines tuition, room and board (if applicable), and other costs associated with the student’s attendance. For students who are on an IEP who are placed by a state agency or a designated community mental health agency, or any agency defined by the Secretary, in accordance with 16 VSA §2948, the agreement shall be with the Secretary of Education. In the instance of an emergency placement, such provisions may be agreed upon within thirty days of the student’s enrollment (Rule 2228.4);
4. Within thirty days of enrolling a publicly-placed student who is served pursuant to an IEP, it will enter into written agreement with the sending responsible agency as to the division of responsibility for performance of non-instructional services, including compliance with special education procedural requirements. For students placed by a state agency or a designated community mental health agency, or another agency defined by the Secretary, this agreement shall be with the local education agency that has educational planning responsibility for the student (Rule 2228.4).

Name: Click here to enter text.

Signature: Click here to enter text.

Date: Click here to enter text.

7. Additional Special Education Information (Optional)

While optional, it is recommended that the school provides a list reflecting the continuum of supports and services your school offers for special education students (i.e. behavioral interventionists, social skills training, vocational training, adaptive PE). This provides the AOE Team a broader view of the school in supporting students with disabilities.

Reviewer Notes:

8. Signatures

Head of School: by signing below, I hereby affirm I am an authorized officer or administrator of the applying school, and certify the information contained herein is true and accurate to the best of my knowledge.

Name: [Click here to enter text.](#)

Signature:

Date: [Click here to enter text.](#)

For AOE use only

This school has met all of its state requirements to be approved or renewed for the requested special education endorsement(s), and is ready to proceed to the SBE for review.

Name: _____

Initial: _____

Date: _____

