**SURVEY OF REGIONAL NEED FOR DAY STUDENTS**

**[Insert Agency Name]** is considering **[choose** opening a new program **or** expanding the existing program at site location**]**. A description of the proposed **[choose** new **or** expanded**]** program is attached.

As part of this process, need for the proposed **[choose** new **or** expanded**]** special education school in the region must be documented and verified by the New York State Education Department (NYSED).

Please return the completed form within two weeks to the following NYSED Special Education Quality Assurance (SEQA) Regional Office

**[Insert address and phone number of SEQA office in the region in which the agency is seeking to open a new or expanded private school program]**

**FOR STUDENT CONFIDENTIALITY REASONS, PLEASE DO NOT RETURN THIS SURVEY OR A COPY OF THIS SURVEY TO THE AGENCY APPLYING FOR APPROVAL OR TO ANOTHER REPRESENTATIVE OF THAT AGENCY.**

Date Sent to School District **[INSERT DATE]**

School District **[INSERT DISTRICT NAME]**

Please complete the following information:

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12 digit NYSED code

School Superintendent

District Survey Contact Person

Phone Fax

Email

**DISTRICT NEEDS IDENTIFICATION SURVEY**

<AgencyName> is considering <opening a new program> <expanding the existing program at site location>. A description of the proposed <program> <expansion> is attached. As part of this process, <AgencyName> must document regional need to <open> <expand> the program. Complete this form and send one copy to the District Superintendent at <BOCESName> and return the completed form to: Agency Contact Person, Agency Name, Address.

School District BOCES Region

School Superintendent District Survey Contact Person

Phone Fax Email

[ ]  The school district is not seeking placement for any students similar in profile to the students the new/expanded program is proposing to serve

OR

[ ]  The following are students for whom the Committee on Special Education (CSE) is actively seeking a placement or an alternative placement and **who require a program similar to the proposed new/expanded program**. \*This list only includes students for whom there is documentation of:

* efforts to place the students in other or less restrictive public facilities or consideration of such placements;
* efforts to enable the students to benefit from instruction in other or less restrictive settings using support services and supplementary aids and special education services; and, where applicable;
* the student’s lack of progress in previous or less restrictive programs and placements.

\* Will be verified by Regional Associate

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| --- | --- | --- | --- | --- | --- |
| **Student's Name** | **Date of Birth** | **Disability****Category¹** | **Current Educational Program****(Type and Placement)²** | **Reasons why CSE is actively seeking placement or alternative placement for this student. Include unique student needs that can be addressed in the proposed program/placement3** | **List programs that have indicated that the student would not be appropriate at their sites** |
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