

INSTRUCTIONAL SPACE REVIEW

NOTE: This form is to be completed for all capital projects involving the creation of **NEW INSTRUCTIONAL SPACE** (or as requested) and submitted as part of the district's preliminary approval documentation (not necessary for new bus garages, administration buildings or other non-instructional space).

School District:		
Building Name & Address:		
Project Control #:		
Fiscal Associate, Office of Facilities Planning:		Phone Number: (518) 474-3906
District Contact: Title:		Phone Number:

To be Completed by SED Regional Associate	
Regional Associate (please print):	Date Received:
Address:	Phone Number:

If this is a revised form, please check this box: ☐

Note: This form was designed by the Special Education Quality Assurance Office with the cooperation of the Office of Facilities Planning. It is intended to meet the needs of the Department as well as other interested parties by providing information relative to special education classrooms in all schools undertaking capital projects that will create new instructional space.

- 1) How many students currently in separate site placements¹ will be redirected to integrated placements² as a result of this project? _____
- 2) Indicate information on special education classrooms, including BOCES-operated classrooms, in the chart below:

Name of Building _____

Type of Classroom Teacher/Student Ratio	Grade Level ³	Pre-Construction ⁴	Post-Construction ⁵	
		Existing Building	Existing Building	New Building or Addition
15:1				
12:1+1				
8:1+1				
6:1+1				
12:1+4				
Preschool				
Resource Room				
Related Services				
Office				
Other (District)				

FOR NEW INSTRUCTIONAL SPACES ONLY			
Minimum Guidelines for Special Education Room Sizes			
15:1	770 square feet	Resource Room	300 square feet
12:1+1	770 square feet	Preschool	50 sq. ft./child or 60 sq. ft./child for classrooms serving children who are nonambulatory
8:1+1	550 square feet		
6:1+1	450 square feet		
12:1+4	900 square feet		

- 3) Does this project provide special education space located in age-appropriate areas and integrated within the school? ☐ Yes ☐ No Please explain your answer in narrative form, on a separate page, including timelines for implementation, benchmarks achieved, justification for plan, etc.

¹ In buildings attended by students with disabilities only.

² In buildings attended by both disabled and nondisabled students.

³ Please use letter "E" for elementary, "M" for middle school and "S" for secondary.

⁴ Pre-Construction – as the building is currently being used.

⁵ Post-Construction – as the building will be used when the project is completed.

Certification of Instructional Space Review by Superintendent of Schools, District Superintendent and Special Education Regional Associate

The Superintendent of Schools has conferred with the District Superintendent and the Special Education Quality Assurance Regional Associate, and they agree that the proposed project is consistent with: (1) the continual allocation of appropriate space within the district for special education programs; (2) the district's long-range plan for educational facilities; and (3) the District Superintendent's approved five-year Special Education Space Requirements Plan. In addition, the Superintendent of Schools certifies by signing below that the appropriate special education spaces indicated under Item 2 on page 2 and listed on page 5, will be reflected on the actual floor plans submitted to the Office of Facilities Planning. (Note: Should the final floor plan not agree with Item 2 on page 2 or rooms listed on page 5, the Superintendent of Schools must submit a revised copy of this form to the Regional Associate, who will review it for approval. After discrepancies are reconciled, the RA will return this form to the Project Manager in Facilities Planning with appropriate explanation.)

Project Control Number: _____

Name of School District: _____

Name of Building: _____

Name of Superintendent (print or type): _____

Signature: _____ Date: _____

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Name of District Superintendent (print or type): \_\_\_\_\_

☐ Approval ☐ Disapproval

If disapproved, explain reason(s): \_\_\_\_\_

\_\_\_\_\_

Signature of District Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

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Name of Special Education Regional Associate (print or type): _____

Recommendation to Facilities Planning: ☐ Approval ☐ Disapproval

If disapproval is recommended, explain reason(s): _____

Signature of Regional Associate: _____ Date: _____

SPECIAL EDUCATION QUALITY ASSURANCE

WESTERN REGIONAL OFFICE

NYS Education Department
Special Education Quality Assurance
2A Richmond Avenue
Batavia, NY 14020
(585) 344-2002
(585) 344-2422(fax)

CENTRAL REGIONAL OFFICE

NYS Education Department
Special Education Quality Assurance
Hughes State Office Building
333 E. Washington Street, Suite 210
Syracuse, NY 13202
(315) 428-4556
(315) 428-4555 (fax)

EASTERN REGIONAL OFFICE

NYS Education Department
Special Education Quality Assurance
89 Washington Ave, Room 309 EB
Albany, NY 12234
(518) 486-6366
(518) 402-3582 (fax)

HUDSON VALLEY REGIONAL OFFICE

NYS Education Department
Special Education Quality Assurance
89 Washington Ave, Room 309 EB
Albany, NY 12234
(518) 473-1185
(518) 402-3582 (fax)

LONG ISLAND REGIONAL OFFICE

NYS Education Department
Special Education Quality Assurance
Perry B. Duryea, Jr. State Office Building
Room 2A-5
250 Veterans Memorial Highway,
Hauppauge, NY 11788
(631) 952-3352
(631) 952-3834 (fax)

NEW YORK CITY OFFICE

NYS Education Department
Special Education Quality Assurance
55 Hanson Place, Room 545
Brooklyn, NY 11217-1580
(718) 722-4544
(718) 722-2032 (fax)

Building Aid Unit (BAU) Recalculations- Special Education Students

District Name: _____ Building Name: _____

Project Number: _____ Date: _____

Grade Levels: _____ District Contact & Title: _____

Self-Contained Special Education Classrooms:

Room Number: _____	Ratio: _____	# of students: _____	# of periods self-contained: _____
Room Number: _____	Ratio: _____	# of students: _____	# of periods self-contained: _____
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Room Number: _____	Ratio: _____	# of students: _____	# of periods self-contained: _____
Room Number: _____	Ratio: _____	# of students: _____	# of periods self-contained: _____

*Please use an additional form if you have more than 10 special education classrooms

Totals:

Total number of special education students in this building: _____

Total number of special education students in self-contained classrooms in this building: _____

Total number of available self-contained special education spaces (add up ratios above): _____

If the total number of available self-contained special education spaces exceeds the number of special education students, please provide an explanation:

Attestations:

☐ All spaces labelled on the proposed floor plans are necessary for self-contained classrooms and the ratios listed on the floor plans are accurate.

☐ The enrollment projection year we are using (5, 8 or 10 years out) includes a sufficient number of self-contained students to justify/support the need for this capacity of spaces for this purpose.

Signatures:

District Superintendent

Date

Director of Special Education

Date