**DOCUMENTATION OF PRESCHOOL REGIONAL NEED**

An application for initial approval as an approved program to serve preschool students with disabilities pursuant to section 4410 of the Education Law and/or a request for the expansion of an existing approved preschool program will only be considered when there is a documented and demonstrated need for such services in the geographic area to be served by the proposed program. The New York State Education Department (NYSED) determines whether there is need for the proposed program based upon information provided by the applicant agency and verified with the public schools in the region.

**STEP 1: Written Request for a Determination of Regional Need**

Prior to submitting an application for new approval or expansion approval to NYSED, an applicant must first submit a written request for a determination by the State for regional need for the program.

The written request must be submitted to the NYSED Special Education Quality Assurance (SEQA) Office in the region in which the agency is seeking to provide services. For contact information on the SEQA Regional Offices, see <http://www.nysed.gov/special-education/special-education-quality-assurance-regional-offices>.

The written request must be provided on the form developed by NYSED for this purpose (**Attachment A).** The written requestmust include the following information:

1. A rationale for the establishment of the new program or the expansion, including why the agency chose to locate the new program or expand the existing program in the specific geographic area the agency is proposing to serve.
2. Any supplemental information obtained by the agency to document the need for the new/expanded program, such as letters from parents and other interested parties (e.g., Board of Cooperative Educational Services (BOCES), Early Childhood Direction Center, Municipality, etc.) regarding the need for the proposed program.
3. A brief description of the program inclusive of the following:
* For an agency seeking initial approval or expansion of a **multidisciplinary evaluation (MDE)** program:
* a description of the projected numbers of evaluations to be conducted annually;
* a description of the population to be evaluated if the agency proposes an expertise or specialization of evaluation for particular groups of students (e.g., students with autism, students with limited English proficiency); and
* the geographic area to be served by the program (by county(ies)).
* For an agency seeking initial approval or expansion of **special education itinerant services (SEIS)**:
	+ the projected number of students to be served annually by the program;
	+ a description of the population to be served if the agency is proposing to provide specialized SEIS services to a specific disability group of students (e.g., students with autism; students with limited English proficiency); and
	+ the geographic area to be served by the program (by county(ies)).
* For an agency seeking initial approval or expansion of a **special class** and/or **special class in an integrated setting (SCIS):**
	+ a profile of the type and number of classes the program is seeking approval to operate;
	+ the proposed number of students with disabilities to be served;
	+ the developmental and behavioral characteristics of the preschool students that will be served in the proposed program; and
	+ the geographic area to be served by the program (by county(ies)).

**STEP 2: Survey School Districts for Regional Need**

An applicant is responsible to request that school districts in the geographic area to be served provide NYSED with information necessary to make a regional need determination. Applicants must use the survey form developed by NYSED for this purpose.

1. Complete all required information on the District Need Identification Survey **(Attachment B)** and attach a description of the proposed program to each school district in the geographic region to be served. Districts will be asked to identify any preschool students who are similar in profile to the population of preschool students the new/expanded program is proposing to serve, and for whom the committee on preschool special education is actively seeking a placement or an alternative placement and who require a program similar to that of the proposed new/expanded program.
2. Identify the date the agency mailed, faxed, or emailed the District Need Identification Survey **(Attachment B)** to school districts to determine the extent of need within the county(ies)/region(s) for the proposed new program or expansion.

**For confidentiality reasons, school districts must return the surveys to NYSED and not to the applicant. The applicant may not request the district provide them with a copy of the completed survey if it includes any child specific information.**

**Step 3: NYSED Determination of Regional Need**

Upon receipt of completed and signed regional need documentation (Notification of Intent to Submit an Initial or Expansion Application for a Preschool Special Education and/or MDE Program **(Attachment A)**;District Need Identification Survey **(Attachment B)**;and, as applicable, supplemental information submitted by the applicant), NYSED will make a determination of regional need.

If an applicant receives notification from NYSED that regional need has not been established, NYSED will provide the applicant with the reasons for that determination. An agency may not submit an application for initial approval or expansion where NYSED has determined that no regional need for the program exists.

If an applicant receives notification from NYSED that regional need has been established, it must submit a complete application for approval to NYSED within 45 calendar days from the date NYSED issued the determination of regional need. Applications received after 45 days will be returned with a notice that a new regional need determination must be made.

**A copy of NYSED’s Determination of Regional Need must be submitted with the application seeking approval of a new or expanded program.**

**Written Request for Determination of Regional Need for an Initial Approval or Expansion of a Preschool Special Education and/or Multidisciplinary Evaluation Program**

**Complete All Sections**

|  |
| --- |
| **Applicant Agency:** **Address:** **Date Application Submitted:** **Name of Individual Submitting the Request on Behalf of the Agency:** **Contact Information:****Telephone:** **Facsimile Number:** **Email:** **Type of Program(s) for Which Regional Need is Being Sought:****(Check all that apply)****[ ]  Multidisciplinary Evaluation Program (MDE)****[ ]  New Program Application****[ ]  Expansion of Geographic Region****[ ]  Special Education Itinerant Services (SEIS)****[ ]  New Program Application****[ ]  Expansion of Geographic Region****[ ]  Special Class in an Integrated Setting (SCIS)****[ ]  New Program Application****[ ]  Expansion of Number of SCIS classes****[ ]  Expansion of Geographic Region****[ ]  Special Class (SC)****[ ]  New Program Application****[ ]  Expansion of Number of SC classes****[ ]  Expansion of Geographic Region** |
| **Section 1**Provide a general rationale for the establishment of the new/expanded program and explain why the agency chose to locate the new program or expand the existing program in the specific geographic area the agency is proposing to serve. |
| **Section 2:** As applicable, provide a narrative response to the following:For an agency seeking initial approval or expansion of a **MDE** program:1. Describe the projected numbers of evaluations to be conducted annually.

     1. Describe the population to be evaluated if the agency proposes to specialize in evaluations of specific disability groups (e.g., students with autism, students with limited English proficiency).

     1. Identify the geographic area to be served by the new or expanded program (by county(ies)).

     For an agency seeking initial approval or expansion of **special education itinerant services (SEIS):**1. Provide the projected number of students to be served annually by the program.

     1. Describe the population to be served if the agency is proposing to provide specialized SEIS services to a specific disability group of students (e.g., students with autism; students with limited English proficiency).

     1. Identify the geographic area to be served by the program (by county(ies)).

     For an agency seeking initial approval or expansion of a **special class (SC)** and/or **special class in an integrated setting (SCIS):**1. Describe the type and number of classes the program is seeking approval to operate.

     1. Provide the proposed number of students with disabilities to be served.

     1. Describe the population to be served, including their developmental and behavioral characteristics.

     1. Identify the geographic area to be served by the program (by county(ies)).

      |
| **Section 3**Submit any supplemental information obtained by the agency to document need for the new/expanded program, such as letters from parents and other interested parties (e.g., Board of Cooperative Educational Services (BOCES), Early Childhood Direction Center, Municipality, etc.) regarding the need for the proposed program. (Note: Determination of regional need cannot be based solely on supplemental information.)[ ]  Check if supplemental information is attached and, if checked, provide a list of the enclosed supplemental documents below.1.

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The agency’s written request for a regional need determination must be completed and submitted to the Special Education Quality Assurance (SEQA) Office in the region in which the agency is seeking to provide services. For SEQA contact information, see <http://www.nysed.gov/special-education/special-education-quality-assurance-regional-offices>. A copy of the New York State Education Department’s regional need determination must be submitted along with the agency’s application for approval.

**DISTRICT NEEDS IDENTIFICATION SURVEY**

**[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**]** preschool special education program in the region must be documented and verified by the New York State Education Department (NYSED).

Please return the completed form to the following NYSED’s 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 preschool program]**

**FOR STUDENT CONFIDENTIALITY REASONS, PLEASE DO NOT RETURN THIS SURVEY OR A COPY OF THIS SURVEY TO ME OR ANOTHER REPRESENTATIVE OF MY AGENCY.**

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

School District **[INSERT DISTRICT NAME]**

County **[INSERT COUNTY]**

Please complete the following information:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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12 digit NYSED code

School Superintendent \_\_\_\_\_\_\_\_\_

District Survey Contact Person \_\_\_\_\_\_\_\_\_

Phone Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email

[ ]  The school district is not seeking placement(s) for preschool students whose needs could be served by the proposed new/expanded program; or

[ ]  The following are students for whom the committee on preschool special education (CPSE) is actively seeking placements or alternative placements and who require a program similar to the proposed new/expanded program. This list only includes preschool students for whom:

* no similar recommended placement is available in an existing preschool program; and,
* the CPSE has determined that an available less restrictive placement would not be appropriate to meet the needs of the student.

| **Student's name** | **IEP Program and Placement Recommendation** | **List of currently approved preschool programs where the district has attempted to secure placement for the student** |
| --- | --- | --- |
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Attach additional pages if needed.

For applicants seeking approval as a Multidisciplinary Evaluation Program Only:

Does your school district have documentation that an additional Multidisciplinary Evaluation Program in the designated geographic region is needed to ensure timely evaluations of preschool students?

[ ]  Yes [ ]  No.

If yes, provide reasons/documentation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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