|  |  |
| --- | --- |
| The University of the State of New YorkTHE STATE EDUCATION DEPARTMENTOffice of Special EducationAlbany, New York 12234<https://www.nysed.gov/special-education>  | The University of the State of New YorkTHE STATE EDUCATION DEPARTMENTRate Setting UnitAlbany, New York 12234[www.oms.nysed.gov/rsu](http://www.oms.nysed.gov/rsu) |

**Application for New York State Education Department (NYSED)[[1]](#footnote-1)**

**Approval of School-Age July/August Programs Operated by a School District or BOCES**

**9000-9009: Special Class Full-Day Programs**

**9010-9014:** **Special Class Programs Half-Day Programs**

**9050, 9055: Integrated Co-Teaching Services**

**9015-A: Related Services Only**

**9015-B: Specialized Instruction Only**

**9015-C: Specialized Instruction with Related Services**

**9015-D: Home/Hospital Instruction**

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**APPLICATION FOR APPROVAL OF JULY/AUGUST SPECIAL CLASS PROGRAMS**

Is this program currently approved to operate a Special Education Summer Extended School Year (ESY) Program? If no, check the Initial approval box corresponding to the program approval sought. If yes, a modification request is only required to change Special Class Program class size ratios.

List of Approved ESY programs:

<http://www.nysed.gov/special-education/extended-school-year>

**IF THERE IS NO CURRENT ESY APPROVAL FOR ANY PROGRAM TYPE, CHECK THE PROGRAM APPROVAL THAT IS BEING REQUESTED:**

[ ]  Initial approval for Full-day **(Program Codes 9000)** Special Class Program

[ ]  Initial approval for Half-day **(Program Codes 9010)** Special Class Program

[ ]  Initial approval for **(9050)** Integrated Co-Teaching Program

[ ]  Initial approval for Related Services Only **(9015-A)**

[ ]  Initial approval for Specialized Instruction Only (**9015-B)**

[ ]  Initial approval for Specialized Instruction with Related Services **(9015-C)**

[ ]  Initial approval for Home/Hospital Instruction (**9015-D)**

**Approval will be for students ages 5-21 and include All Disability Categories.**

**IF THERE IS CURRENT APPROVAL FOR ANY PROGRAM TYPE, CHECK THE MODIFICATION THAT IS BEING REQUESTED**:

[ ]  Modification to add a new Full-day **(9000-9009)** Special Class Program class size ratio

[ ]  Modification to add a new Half-day **(9010-9014)** Special Class Program class size ratio

**Approval will be for students ages 5-21 and include All Disability Categories.**

**Anticipated ESY Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applications must be submitted to OSEAPPLICATIONS@NYSED.gov**.**

Please complete the following section for all extended school year (ESY) program(s) for which you are seeking approval. NYSED reserves the right to request additional information prior to program approval.

General Information

1. **All applicants must complete items 1-8**

|  |
| --- |
| 1. Legal Name of School District or BOCES |
| 2. Mailing Address of School District or BOCES Administrative Office | Street |
| City State Zip |
| 3. Address of Program Site(s), if different (attach addresses of other sites, if applicable) | Street |
| City State Zip |
| 4. County and School District where Administrative Office is Headquartered | County |
| School District |
| 5. Contact Person/Title | 6. School's/BOCES 12-digit SED Code (required) |
| 7. Telephone/Email AddressArea Code Number Ext. Email Address:  | 8. Fax NumberArea Code Number  |

1. Special Class Applications:
2. **Full-day Special Class (9000-9009) Directions**: Mark “X” or Specify Ratio indicating the requested class size ratios for the Extended School Year (ESY) July/August full-day (9000-9009) Special Class Program:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **15:1** | **12:1+1** | **6:1+1** | **8:1+1** | **12:1+(3:1)** | **Other (specify ratio)** |
|  |  |  |  |  |  |

**2: Half-day Special Class (9010-9014) Directions**:Mark “X” or Specify Ratio indicating the requested class size ratios for the Extended School Year (ESY) July/August half-day (9010-9014) Special Class Program:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **15:1** | **12:1+1** | **6:1+1** | **8:1+1** | **12:1+(3:1)** | **Other (specify ratio)** |
|  |  |  |  |  |  |

**Assurances for July/August ESY Programs**

**(All applicants must complete)**

**Instructions: Chief School Officer, please read and initial each one of the assurances listed below and sign and date the Certification Statement**.

All approved ESY programs will be provided in accordance with Article 89 of the Education Law and Part 200 of the Regulations of the Commissioner of Education, including but not limited to:

 Related services shall be provided by individuals with appropriate certification or license in each area of related service. [8 NYCRR section 200.6(b)(3)]

 Special education instruction shall be provided by individuals appropriately certified or licensed pursuant to Part 80 of the Regulations of the Commissioner of Education. [8 NYCRR section 200.6(b)(4)]

 Students with disabilities placed together for purposes of special education will be grouped based on similarity of need. [8 NYCRR section 200.6(a)(3)]

 Approved July/August special education programs and service(s) must operate for six weeks and are funded for 30 days of service during the months of July and August based upon enrollment, provided that the observance of the legal holiday for Independence Day may constitute a day of service. [Education Law section 4408(l); 8 NYCRR section 200.1 (eee)].

 The length of the school day for a full-day special class program shall be not less than 5 hours of instruction for students whose chronological ages are equivalent to those of students in grades K through 6, and not less than 5½ hours of instruction for students whose chronological ages are equivalent to those of students in grades 7 through 12. The length of the school day for a half-day special class program shall be not less than 2½ hours of instruction for students whose chronological ages are equivalent to those of students in grades K through 6, and not less than 3 hours of instruction for students whose chronological ages are equivalent to those of students in grades 7 through 12. The school day shall include instructional activities and related services but does not include lunch and transportation. [8 NYCRR section 200.1(q) and (v)]

 Special education and related services will be provided consistent with each student's individualized education program. [8 NYCRR section 200.6(a)(2)]

 Parents of students with disabilities shall not be asked to make any payments in lieu of, in advance of or in addition to, State, school district, or county payments for allowable costs for students placed according to New York State procedures. [8 NYCRR section 200.7(b)(1)]

 Appropriate accounting documentation will be maintained, and necessary financial reports will be provided to the New York State Education Department (NYSED). [8 NYCRR section 200.9(d) and (e)]

 The confidentiality of personally identifiable data, information or records pertaining to a student with a disability will be maintained, and parental access to such records will be afforded in accordance with sections 200.5(d)(6) and (e)(2) of the Regulations of the Commissioner of Education.

 The approved program will be located on the site of a school district/BOCES facility that meets applicable health and safety regulations, including but not limited to all applicable fire and safety regulations of the State and municipality in which the program/service(s) is located.

 The approved program will comply with NYSED's policies and procedures pertaining to the administration of medications to students.

 The approved program has policies and procedures for responding to medical emergencies.

 The discipline of students with disabilities attending the approved program will be consistent with Part 201 of the Regulations of the Commissioner of Education.

 Approved programs will comply with section 19.5 of the Rules of the Board of Regents and section 200.22 of the Regulations of the Commissioner of Education relating to program standards for behavioral interventions, including the prohibition on the use of aversive interventions to reduce or eliminate maladaptive behaviors. [8 NYCRR section 200.7(b)(8)]

\_\_\_ The program has reviewed the most recent reimbursement rates for school-age program code 9015 are available at:

<http://www.oms.nysed.gov/rsu/Rates_Methodology/MethodLetters/home.html>

**Certification Statement from Chief School Officer**

**I, the undersigned, have read and attest that the initialed assurances as required in this application are accurate and will be fulfilled for the ESY Programs operated by this school district/BOCES.**

Name Signature

Title Date

1. **Revised June 2020** [↑](#footnote-ref-1)