**Written Request for Determination of Regional Need for an Initial Approval or Expansion of a Special Education Day or In-State Residential Program**

**Complete All Sections**

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| **Applicant Agency:**      **Address:**      **Date Application Submitted:**      **Name of Individual Submitting the Request on Behalf of the Agency:**      **Contact Information:****Telephone:**      **Facsimile Number:**      **Email:**      **Indicate if regional need is being determined for:** **[ ]  Initial Approval of a Private Special Education Day Program****[ ]  Expansion of a Private Special Education Day Program****[ ]  Initial Approval of a Private Special Education Residential School Program****[ ]  Expansion of a Private Special Education Residential School Program****[ ]  Initial Approval of a Private Out of State Residential Program** |
| **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 to operate an approved private school program:1. Provide a profile of the type and number of classes the programs seeking approval to operate.

     1. Specify the proposed number of students with disabilities, the age range and disability categories to be served.

     1. Describe the developmental behavioral and learning characteristics of the students who would be served by the new or expanded program.

     4) Specify the geographic area to be served by the program, include the names of all Board of Cooperative Educational Services (BOCES) regions (or New York City (NYC) geographic schools) in the geographic area that the program is proposing to serve or is currently serving.     For an agency seeking to expand its currently approved school program, it should also:1. Include in the proposal the number of students with disabilities currently enrolled and the number of special education classes currently in operation by class size (student: staff ratio).

     1. Provide a list of students including names, ages, and disability categories, and school districts of residence who were not accepted by the approved private school during the past six months either because the school was at its approved capacity or there were no opening in a particular class at the time a committee on special education (CSE) was seeking to place the student at the school.

     1. Identify any special class size variances for that program approved by NYSED for the current school year.

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| **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., BOCES) 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 of a day program 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. Submit written requests for in-State residential programs to the SEQA Nondistrict Unit. 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.