Massachusetts Department of Elementary and Secondary Education

Office of Approved Special Education Schools (OASES)

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| **Form 3:****INTENT TO APPLY FOR:** **INITIAL, PROGRAM RECONSTRUCTION or** **SPECIAL CIRCUMSTANCES for SALARY UPGRADES** |

 Date of this notice: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

Name of Approved Special Education Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Special Education Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Day School \_\_\_\_ Residential School

\_\_\_\_ 10-month Program \_\_\_ 11-month Program \_\_\_ 12- month Program \_\_\_ Summer Program

Pursuant to applicable regulations and the Department of Elementary and Secondary Education requirements, this approved special education agency is hereby providing written notification to the Department of Elementary and Secondary Education of its intent to apply for: (Check one below)

**Initial Approval:**

\_\_\_\_\_ **Initial approval of a new special education day school or residential program. Please attach a brief description which, at a minimum, must contain the following information:**

* Rationale for the establishment of the program;
* Proposed number of students to be served;
* Gender of students to be served;
* Age range of students to be served;
* Grade levels of students to be served;
* Educational characteristics of the students to be served;
* Behavioral needs of the students to be served;
* Proposed location of the program;

\_\_\_\_\_ **Copies of Approvals, Licenses, Certificates of Inspection:**

* Safety Inspection. The program shall have an appropriate certificate of inspection from the Department of Public Safety or the local building inspector for each building to which students have access;
* Fire Inspection. The program shall obtain a written report of an annual fire inspection from the local fire department;
* Lead paint inspection if facility was built prior to 1978 or a written statement that includes the year the building was built. [All buildings, residential or otherwise, utilized by children younger than six or with a mental age younger than six shall be free of lead paint];
* Local Board of Health permit to be obtained at least twice a year;
* Local school committee approval from the school district within which the school is located (See M.G.L. c. 76, § 1);
	+ [Required School Committee Approval for Private Schools](https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter76/Section1)
* Asbestos inspection or date when building was constructed and statement from appropriate authority that building is asbestos free (if asbestos is present, then a containment plan is required);
* Statement regarding the non-existence of PCBs, or, if PCBs are present, then a containment plan is required;
* Other inspections that may be required by local or state authorities (please specify); and
* If applicable, a statement as to whether previous application was submitted to the Department of Elementary and Secondary Education for initial approval, and the action that was taken on it.

\_\_\_\_\_ **Three current letters of interest signed by public school Superintendents who are potential purchasers.**

\_\_\_\_\_ A proposed Program Budget using OSD Form: [OSD Budget Template](https://www.mass.gov/doc/budget-for-new-special-education-program-or-individual-student-program-placement-form/download)

**Program Reconstruction:** **(For Currently Approved Special Education School Programs Only)**

A Form 3 must be submitted for each currently approved special education school program requesting program reconstruction. Documentation must be submitted that the approved special education school program has:

* Notified all purchasers, including school districts and, state agencies that includes:
	+ the intent of the special education school to reconstruct this program;
	+ information regarding the program’s proposed maximum annual tuition price; and
	+ the anticipated date of the increase.

Please include a brief description of the program that is currently approved by the Department of Elementary and Secondary Education.

At a minimum, this description must contain the following information regarding the program currently approved that includes:

* Justification for the need for the program to reconstruct;
* Number of students currently enrolled served;
* Number of students the program is currently approved to serve by DESE;
* Gender of current students;
* Age range of current students;
* Grade levels of current students;
* Educational characteristics of current students;
* Behavioral needs of current students; and
* Current location of the program.

In addition, this description must contain the following information for the proposed program changes that includes:

* Proposed number of students to be served;
* Gender of students to be served;
* Age range of students to be served;
* Grade levels of students to be served;
* Educational characteristics of the students to be served;
* Behavioral needs of the students to be served; and
* Location or proposed location of the program.

**Special Circumstances Salary Upgrades:**

\_\_\_\_\_\_\_ **(For Currently Approved Special Education School Programs only)**

A Form 3 must be submitted for each approved special education day school or residential program requesting consideration for Special Circumstances Salary Upgrades. Documentation must be submitted that the approved special education school program has:

* Notified all purchasers, including school districts and, state agencies that includes:
	+ the intent of the special education school to apply for Salary Upgrades;
	+ information regarding the program’s proposed maximum annual tuition price; and
	+ the anticipated date of the increase.

With a request for Special Circumstances specific to Salary Upgrades, a description must be submitted that at a minimum includes:

* the program’s difficulty with recruiting appropriately qualified staff;
* the program’s difficulty with hiring appropriately qualified personnel;
* the program’s difficulty retaining appropriately qualified personnel;
* the program has provided notice to all purchasers, including school districts and state agencies that includes:
	+ the intent of the approved special education day school or residential program to seek salary adjustments;
	+ information regarding the program’s maximum annual proposed tuition price; and
	+ the anticipated date of the increase.

Documentation Requirements:

When it is anticipated that a change in the approved special education day school or residential program will result in a request for tuition adjustment, through the request of an:

* + Initial Program Application;
	+ Program Reconstruction of a school; or
	+ Special Circumstances for Salary Upgrades

documentation must be submitted to the Department that includes:

1. Submission of the Form 3 and required documentation must be submitted before October 1st of the school year in which the program’s mid-cycle or program review will occur for the rate to be in effect the following fiscal year for the approved special education day school program or residential program;
2. Copy of the Notification Letter sent to school districts and state agencies by the program;
3. Names and addresses of all recipients of the Notification Letter sent by the program;
4. A listing of the public school districts in which the program’s students currently reside, a listing of the current state agencies which hold financial responsibility including the number of students from each school district/state agency and the total annual tuition increase impact the proposed tuition change would have on each school district and/or state agency;
5. A proposed Staff Roster clearly indicating the currently approved Full Time Equivalents (FTE) for each position and the proposed FTEs as a result of the proposed changes the program is requesting. (i.e., increase or decrease in special or regular education teachers, increase or decrease in physical therapists, etc.); and
6. A proposed Program Budget that aligns with the proposed Staff Roster.

Within **10 working days of receipt of this notice**, a staff from the Office of Approved Special Education Schools (OASES) will call or email the person identified as the program’s contact to review the required documentation to be submitted and related approval standards.

**Submission to DESE For Approved Special Education School Programs:**

**Email:**

Oases1@mass.gov