

INITIAL APPLICATION & 5-YEAR RENEWAL PACKET

# Private Facility Special Education Program Approval



IDAHO STATE DEPARTMENT OF EDUCATION  
SPECIAL EDUCATION | PRIVATE FACILITY

650 W STATE STREET, 2ND FLOOR  
BOISE, IDAHO 83702  
208 332 6800 OFFICE / 711 TRS  
[WWW.SDE.IDAHO.GOV](http://WWW.SDE.IDAHO.GOV)

UPDATED 2023

**Return this application to:**

Support & Monitoring Coordinator  
PO Box 83720  
Boise, ID 83720-0027  
(208) 332-6915



**Private Facility Special Education Program Approval**  
Initial & 5-Year Renewal Packet

## APPROVAL PROCEDURES

THE PRIVATE FACILITY SPECIAL EDUCATION PROGRAM APPROVAL REQUIRES THE IDAHO STATE DEPARTMENT OF EDUCATION TO APPROVE AN AGENCY ON THE INITIAL APPLICATION AND EVERY FIVE YEARS. ONCE APPROVAL IS OBTAINED, THE PRIVATE AGENCY/SCHOOL SPECIAL EDUCATION PROGRAM ONLY SUBMITS A RENEWAL APPLICATION FOR EACH SUBSEQUENT FOUR YEARS. IF THE AGENCY CANNOT MAINTAIN APPROVAL DURING THE INTERIM YEARS, THE IDAHO STATE DEPARTMENT OF EDUCATION WILL REVOKE APPROVAL. APPROVAL CAN BE REINSTATED WHEN THE AGENCY CORRECTS THE DEFICITS.

IT IS IMPORTANT TO NOTE THAT RECEIVING PRIVATE FACILITY SPECIAL EDUCATION PROGRAM APPROVAL BY THE IDAHO STATE DEPARTMENT OF EDUCATION DOES NOT GUARANTEE OR IMPLY THAT A SCHOOL DISTRICT OR THE IDAHO STATE DEPARTMENT OF EDUCATION WILL CONTRACT OR PROVIDE PAYMENT FOR ANY SERVICES. THE APPROVAL PROCEDURE AND THE FUNDING PROCEDURE ARE TWO DISTINCT AND SEPARATE PROCESSES.

## General Information

Date	
Agency Name	Telephone
Address	Fax
City/State/Zip	Email
Chief Administrator	
Contact Person	

Initial Application

5-Year Renewal

**Note:** SDE special education approval of a private facility does not guarantee that the private facility will be contracted for services by an LEA.

## Organizational Information

CHECK ALL THAT APPLY	ORGANIZATIONAL STRUCTURE
	Religiously Affiliated
	Day School
	Early Childhood
	Developmental Center
	Vocational Training Center
	Hospital
	Other (describe)

## Agency Accreditation

**Note:** A copy of all certificates of accreditation and licensure must accompany this application packet.

CHECK ALL THAT APPLY	AGENCY ACCREDITATION
	Idaho Department of Education- Northwest Accreditation Commission (NWAC), a division of Cognia
	Licensed Rehabilitation Center (name licensing agency)
	Other (describe)

## Disabilities Served

CHECK ALL THAT APPLY	DISABILITIES SERVED
	Autism
	Deaf or Hard of Hearing
	Deaf-Blindness
	Developmental Delay (3-9 only)
	Emotional Behavioral Disorder
	Intellectual Disability
	Multiple Disabilities
	Orthopedic Impairment
	Other Health Impairment
	Specific Learning Disability
	Speech or Language Impairment
	Traumatic Brain Injury
	Visual Impairment, including Blindness

## Enrollment

STUDENTS ENROLLED	ENROLLMENT CATEGORY
	<b>TOTAL NUMBER OF STUDENTS WITH DISABILITIES</b>
	Early Childhood (Age 3-5)
	School Age (Age 5-18)
	Secondary (Age 18-21)
	<b>TOTAL NUMBER OF STUDENTS WITH DISABILITIES SERVED THROUGH CONTRACTS WITH LEAs</b>
	Early Childhood (Age 3-5)
	School Age (Age 5-18)
	Secondary (Age 18-21)
	<b>TOTAL NUMBER OF STUDENTS ENROLLED</b>
	Early Childhood (Age 3-5)
	School Age (Age 5-18)
	Secondary (Age 18-21)

## Staff Information

### Certified Staff

List all personnel who work with special education students ages 3 through 21 years. At least one staff member must hold a valid Idaho Exceptional Child Certificate; endorsement is generalist K-12.

**NOTE:** Must be submitted by October 15

NAME	YEARS OF SPECIAL EDUCATION EXPERIENCE	EDUID	LICENSE EXPIRATION DATE

### Related Services Provided

Check all related services currently provided to students on IEPs.

CHECK ALL THAT APPLY	RELATED SERVICES
	Speech/Language Therapy
	School Psychological Services
	Occupational Therapy
	Physical Therapy
	Assistive Technology
	Social Work
	Behavior Intervention
	Recreational Therapy
	Medical and Health Services
	Counseling
	Orientation and Mobility Services
	Vision Services
	Hearing Services
	Family Support Services
	Vocational/Career Development
	Independent Living Skills
	Rehabilitation Counseling
	Transportation
	Education (Reading, Math, Art, etc.)
	Other (Describe)

### Related Service Providers

Please list all licensed related service providers (OT, PT, Psychologist, Nurse, Speech Pathologist, etc.) employed or contracted with your facility. If contracting with an agency, provide the name and contact information for the primary contact at the agency. Provide the service provider's license # and license expiration date.

**Must be submitted by October 15.**

**NOTE:** The facility must be prepared to provide other related services as determined by the needs outlined in a student's IEP

NAME	OCCUPATION	License #	LICENSE EXPIRATION DATE

### Administration

Provide a list of all certified administrative personnel such as principal(s) and special education director, their administrative license number (EduID), areas of certification, and the certification expiration date.

**Must be submitted by October 15**

NAME	ARES OF CERTIFICATION	EDUID	LICENSE EXPIRATION DATE

## Instruction, Policies & Procedures

Provide the SDE with curriculum information to include:

- the curriculum guide
- procedures for maintaining, evaluating, and recording student progress
- description of parental involvement in student programs
- 

**NOTE:** *The private school or facility must ensure that it is nonsectarian and uses curriculum content, teaching practices, and equipment that do not violate the constitutional prohibitions that no public funds will support any school controlled by any church, sectarian or religious denomination and that no religious tests or teachings will occur. Idaho State Constitution, Article IX, Sections 5-6.*

*Provide a description or attach documentation*

## Instruction, Policies, Processes & Procedures

Provide the SDE with curriculum information to include:

- the curriculum guide
- procedures for maintaining, evaluating, and recording student progress
- description of parental involvement in student programs

*Evidence required ONLY if changes have occurred since last approval*

**NOTE:** *The private school or facility must ensure that it is nonsectarian and uses curriculum content, teaching practices, and equipment that do not violate the constitutional prohibitions that no public funds will support any school controlled by any church, sectarian or religious denomination and that no religious tests or teachings will occur. Idaho State Constitution, Article IX, Sections 5-6.*

Provide documentation that describes the following:

- A description of how special education services are provided
- Evidence that required certificated or licensed related service providers are utilized to meet the needs of the students to be served by the facility

*Copy/paste, provide a link to resources*

Document the facility's record retention-keeping system that meets applicable government requirements.

*Copy/paste, provide a link to resources*

Provide evidence (board minutes) that the facility has adopted and will implement the [Idaho Special Education Manual](#) and any subsequent amendments to the policies and procedures for special education in the private facility(s). These policies and procedures will be the standards against which the private facility will be monitored.

*Copy/paste, provide a link to resources*

**NOTE: The oversight board must adopt and direct the private facility to implement the Idaho Special Education Manual 2018 and any subsequent amendments. This is a requirement that must occur annually.**

What are the least restrictive environment (LRE) options available to meet the needs of students with IEPs? Describe how students with disabilities will be educated with students who are nondisabled to the maximum extent appropriate.

*Describe*

Provide documentation of an accounting system and budget for approved educational program(s) that include:

- the costs of operation, maintenance, transportation, related services, and capital outlay
- an assurance that the funds provided are used for the students for whom they are contracted

*Copy/paste, provide a link to resources*

**NOTE: The accounting system and budget shall be available for review by the SDE and contracting LEAs upon request.**

## Discipline

How does your facility discipline students with disabilities?  
Attach your facilities policy manual/handbook containing the facilities discipline philosophy, procedures, and policies.

*Describe or copy/paste, provide link to resource*



Describe how your facility will use functional behavior assessments and behavior intervention plans for a student whose behavior impacts their learning or the learning of others.

*Describe or copy/paste, provide link to resource*

**NOTE: Professional Development**

*All staff directly assigned to classrooms with students who demonstrate severe behaviors shall receive annual training in crisis management, de-escalation techniques, the correct use of restraints and seclusion when required, and the implementation of Functional Behavior Assessment, Behavior Intervention Plans, and Crisis Plans.*

Provide evidence of policies around restraint and seclusion.

Policies for your facility should apply to students with and without disabilities and should include the following:

- definitions of physical restraint, mechanical restraint, and seclusion
- guidelines for use and prohibitions to the use of restraint and seclusion
- reporting requirements for documenting and informing parents and administrator(s) of each instance of restraint or seclusion
- requirements for periodic LEA review of instances of restraint or seclusion and review of practices related to such

*Describe or copy/paste, provide link to resource*

*Provide evidence of PD in crisis management, de-escalation techniques, the correct use of restraints and seclusion. Evidence should include date(s) of training, Name of curriculum, instructor, & attendees.*

## Insurance & Inspections

**NOTE:** Proof of the renewed coverage must be submitted if the insurance coverage expires during the approval period.

Provide a copy of liability insurance showing limits of not less than \$2,000,000 per site. Documentation must include the following:

- name and contact information of the insurance company
- policy limits
- effective term of the policy, including the expiration date

*Describe or copy/paste, provide link to resource*

Upload documentation that the private facility meets minimum health, fire, and safety standards.

*copy/paste, provide link to resource*

## Additional Program Information

Briefly describe any program/service characteristics not covered in the application form.

*Describe*

## Assurances

As the chief administrator of the private facility completing this application, I certify that the information in this application is true and correct. I certify that the forenamed private facility is located at the address given, and the private facility is scheduled to provide special education services during the duration of this application. Said private facility will maintain its accreditation as a school or, if a facility, its licensing requirements.

Said private facility meets or will meet, at the time services are provided, the following assurances:

- It will maintain its accreditation as a school, or if a facility, its licensing requirements.
- It has financial safeguards to track the revenues and expenditures associated with contracted placements to ensure the funds are used for the students they are employed to serve.
- It has record retention systems that meet applicable government requirements for all operating, financial, personnel, and student records.
- It complies with the Individuals with Disabilities Education Act (IDEA) and its implementing regulations.
- The program includes instructional and related services of sufficient scope to meet the needs of students with disabilities as identified in their IEPs.
- It will fully implement each child's IEP.
- It will coordinate with the contracting LEAs to initiate and convene IEP meetings at least annually or more often at the discretion of the LEA. Changes to IEPs will follow appropriate procedures for IEP revisions or amendments and in accordance with the contracts with LEAs.
- It will coordinate with the contracting LEAs for any needed student reevaluations in accordance with federal and state law.
- It will notify the contracting LEA of the need for any changes in a student's educational program. It will not change a program, service, or placement unless the contracting LEA consents to the changes.
- It will provide the contracted LEAs with all educational records maintained on behalf of a contracted student.
- It shall certify to the LEA the daily attendance record of each contracted student.
- Each certificated and noncertificated employee, substitute staff, intern, student teacher, and all individuals who have unsupervised contact with students will have completed and cleared a criminal history check as required by Idaho Code 33-512(15).
- It has a system that cross-checks all contractors or other persons with irregular contact with students against the statewide sex offender register, as required by Idaho Code 363-512(16).
- It meets the requirements set forth in Section 504 of the 1973 Rehabilitation Act and the Americans with Disabilities Act of 1990.

- It accepts all areas of responsibility consistent with state and federal regulations concerning instructional programs, confidentiality requirements, and procedural safeguards.
- It will maintain liability insurance coverage at all times.
- It will notify all LEAs, state agencies, and the Idaho State Department of Education of any relocation of building facilities within ten working days.
- The private school or facility is nonsectarian and uses curriculum content, teaching practices, and equipment that do not violate the constitutional prohibitions that no public funds will support any school controlled by any church, sectarian or religious denomination and that no religious tests or teachings will occur –(Idaho State Constitution, Article IX, Sections 5-6.)
- Its policies and procedures are accessible to parents and guardians of students receiving services from private schools or facilities.

*I further acknowledge that approval by the State Department of Education is contingent upon ongoing compliance with the standards certified herein and that such approval does not guarantee any contract for services with an LEA. The State Department of Education and each contracting LEA shall be notified of any deviation from these standards within thirty (30) days of the occurrence of the deviation unless an earlier notification date is required.*

*I understand that failure to comply with the requirements stated herein may result in revoking the private school or facility special education services approval. Such revocation may be considered in subsequent applications for approval as a private school or facility authorized to provide special education services.*

**Important:** Complete and return by October 15

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_