

ILLINOIS STATE BOARD OF EDUCATION

Special Education Division
100 North First Street, N-253
Springfield, Illinois 62777-0001

ISBE USE SEQUENCE NO.

APPLICATION FOR APPROVAL OF PRIVATE RESIDENTIAL PLACEMENT ROOM AND BOARD REIMBURSEMENT

Request: (Check one)

- Initial Placement
Continuing Placement

INSTRUCTIONS: When a school district determines at an IEP meeting that the least restrictive environment for a student is a private residential placement, ISBE Form 34-37 is to be completed and submitted in a timely manner to allow approval PRIOR to the district effecting the placement.

This entire form must be completed for initial placement of a student into a particular facility. However, only the information requested on pages 1, 4 and 6 of ISBE Form 34-37 is needed for continuing placements, i.e.,

- when the parent or guardian moves to and enrolls in a new school district during the approval period;
when a student changes from an elementary to a high school district per Section 14-6.01 of the School Code because he/she attains the age of 15 during the approval period;
when the expiration date of a currently approved application is approaching and the placement must continue;
when a student is moved between units within the same facility or to a different facility; or
when a residential placement already in effect with an approval period of less than one calendar year needs to be extended for a period of time based upon completion of components of regulatory or application requirements.

Complete and submit one copy of this application form, including separate pages with narrative as necessary.

SECTION I IDENTIFICATION (Complete for all applications.)

(Items 1, 2, 3, 8, 10 and 12 must match the information listed on FACTS.)

1. NAME OF STUDENT (Do not use nicknames.) Last First
2. BIRTH DATE (Month/Day/Year)
3. REGION, COUNTY, DISTRICT, TYPE CODE

4. RESIDENT DISTRICT NAME/ADDRESS (Street, City, Zip Code)

5. NAME OF CONTACT PERSON
6. TELEPHONE NUMBER (Include Area Code)
7. FAX NUMBER (Include Area Code)

8. FACILITY CODE
9. FACILITY NAME

Complete items 10 and 11 ONLY when tuition is paid to a different facility code than is indicated in item 8.

10. TUITION FACILITY CODE
11. FACILITY NAME

12. Use the codes at right to indicate the disability(ies) of the student. (This information should be the same as on FACTS.)

Primary Disability, i.e. the one that has the most adverse impact on the education of the student.
Secondary Disability, if identified

DISABILITY KEY
A = Intellectual Disability
C = Orthopedic Impairment
D = Specific Learning Disability
E = Visual Impairment
F = Hearing Impairment
G = Deafness
H = Deaf-Blindness
I = Speech and/or Language Impairment
K = Emotional Disturbance
L = Other Health Impairment
M = Multiple Disabilities
N = Developmental Delay
O = Autism
P = Traumatic Brain Injury

**SECTION II PRIOR PLACEMENTS HISTORY (Complete for initial applications only.)**

1. HISTORY OF SERVICES PROVIDED. Use the chart provided below to indicate the educational setting(s) in which the student has been placed for the last two school years. Begin at the top of the chart with the most recent placement. Indicate the primary disability code (see Disability Key in Section I, item 12) and the educational environment (EE) code. Enter the beginning and discontinued dates for each EE. Leave the disability code blank if the student was in regular education and not identified eligible for special education. If a two-year history is not available, please enter the date, month/year, when the student entered the district.

Month

Year

	DISABILITY CODE (Key on pg.1)	EE CODE (Key at Right)	Beginning Date		Discontinued Date	
			Month	Year	Month	Year
Most recent placement:						

**EDUCATIONAL ENVIRONMENT CODES  
AND BRIEF DESCRIPTION KEY**

*For additional details see EE codes in Instructions for the  
Special Education Funding and Child Tracking Systems (FACTS).*

- 01 = Sp. Ed. 80% or more of day inside regular classroom
- 02 = Sp. Ed. 40-79% of day inside regular classroom
- 03 = Sp. Ed. less than 40% of day inside regular classroom
- 04 = Full-time sp. ed. class in a separate public day school that does not house programs for students without disabilities
- 05 = Full-time sp. ed. class in a separate public day school that does not house programs for students without disabilities in conjunction with a student's placement in a residential facility
- 06 = Phillip J. Rock Center and School
- 07 = Detention center or jail
- 08 = Private day or out-of-state public day program
- 09 = Private residential in-state
- 10 = Private residential out-of-state
- 11 = Homebound instructional program
- 12 = Hospital instructional program
- 13 = Illinois School for the Deaf (ISD)
- 14 = Illinois School for the Visually Impaired (ISVI)
- 15 = Illinois Center for Rehabilitation and Education
- 16 = Department of Human Services
- 17 = Full-time program designed for children without disabilities with all sp. ed. delivered in that setting (Age 3-5)
- 18 = Full-time sp. ed. in program designed for children with disabilities housed in community based-settings (Age 3-5)
- 19 = Part-time sp. ed. provided at home or in programs designed for children without disabilities and part-time sp. ed. provided in programs designed for children with disabilities (Age 3-5)





3. AGENCIES CONTACTED (COMPLETE FOR INITIAL APPLICATIONS ONLY)

The district must show appropriate contacts with state or local agencies including but not limited to those listed below which provide community support programs and services to students and their families. **Applications which do not show evidence that consideration was given to the appropriate services potentially available will be returned for further clarification. Attach additional pages as necessary and indicate the number of pages attached for this section \_\_\_\_\_.**

Use the codes provided in the key below to indicate the department(s) and agency(ies) contacted. Check the appropriate box(es) below to indicate services/assistance provided. Explain the results of all contacts and any resulting financial assistance. Copies of all correspondence regarding agency contacts, district requests and agency responses should be maintained at the district level and **are subject to review upon request.**

**DEPARTMENT/AGENCY KEY**

A = Department of Public Aid	L = Local Youth Services Provider
B = Department of Human Services	M = Local Recreation Services Provider
C = Department of Children and Family Services	N = Local Substance Abuse Services Provider
F = Department of Corrections	O = Private Counseling Service
G = County Probation Agency	P = State Psychiatric Hospital/Zone Center
H = Department of Public Health	Q = Other State/Local Agency
I = Division of Specialized Care for Children	
J = Community and Residential Services Authority	
K = Local Mental Health Center	

If more space is needed, please attach additional page(s).

<p>_____ Department/Agency Contacted (Use key above.)</p> <p><input type="checkbox"/> Participated in IEP Meeting</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Technical Assistance</p> <p><input type="checkbox"/> Financial Assistance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Medical</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other (Explain at right.)</p>	<p>RESULTS OF CONTACT/COMMENTS:</p>
<p>_____ Department/Agency Contacted (Use key above.)</p> <p><input type="checkbox"/> Participated in IEP Meeting</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Technical Assistance</p> <p><input type="checkbox"/> Financial Assistance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Medical</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other (Explain at right.)</p>	<p>RESULTS OF CONTACT/COMMENTS:</p>
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**SECTION IV NEED FOR PRIVATE RESIDENTIAL PLACEMENT — Required Narrative**

**Initial Applications Only**

Please provide a narrative that includes a chronological description of the antecedents to the IEP recommending residential placement. This narrative should minimally include specifics related to the following and should provide a description of the efforts taken to alleviate the adverse impact of the student's disability:

- The student's educational history from initial entry into school to the present time. This history should include the types of placements that the student has entered, the successes or failures of these placements and the reasons for any failures, the student's academic strengths and weaknesses, a specific description of any behavioral incidents, any other issues/concerns over the years of school enrollment and a description of actions initiated to remediate these issues/concerns.
- The student's non-educational or social history, including information on the composition of the family and any issues/concerns in the home/community.
- The student's physical health and any identified issues/concerns.
- The student's psychological or emotional health and any identified issues/concerns. This includes information related to any psychiatric hospitalizations and the resulting diagnoses or findings.
- The student's involvement with the courts or other agencies.

**Initial and Continuing Applications**

All applications must include the following information:

- The student's current levels of educational performance, to include information related to functional grade level, achievement testing results, IQ test results, etc.
- A description of the nature or type of program and services to be provided in the residential placement that the school district is unable to provide this student in order to ameliorate the adverse effects of the disability.

**Continuing Applications Only**

If at the time of an IEP review the student is unable to return to his/her home school, there must be clearly stated specific reasons why the student cannot be appropriately educated locally. Applications for continuing placements subsequent to the initial year of approval for room and board reimbursement must include a description of the continuing issues/concerns/adverse effects which necessitate the continuation of the residential placement, including specific descriptions of the progress or lack thereof in the placement over the year of the approval for room and board reimbursement.

**SECTION V REINTEGRATION PLAN — All Applications**

Private residential placement for educational reasons is considered a temporary placement for the purpose of allowing a student an atmosphere in which he/she can adjust and come in line with usual expectations of students. It is expected that specific outcomes will be targeted and met within the timeframe of the approval for room and board reimbursement. It is further expected that placement will be short-term as opposed to custodial care. Therefore, plans for reintegration must be made in order to accomplish a smooth transition from the residential placement back into home school/community life.

While the student's progress in the residential facility cannot be entirely predicted, a reintegration plan must be initiated for the student's eventual return to the school district/community. This plan must be reviewed and updated at least annually and, for continuing applications, must state what parts of the prior plan have been initiated/completed and what parts continue or need revision.

The reintegration plan should be detailed as to the specific steps to be taken by the district over the one-year time frame of the reimbursement approval that will allow for the return and continuing support of the student in the community and schools. Timelines should be attached to specific activities which need to be completed. The plan should include the agencies that need to be contacted for either student or parent/guardian referral purposes; any needs in the school district to be addressed in order to allow the student to return; and the steps to be taken to minimize the adverse effects and to support the student and his/her family in the transition process and/or alternative living arrangements. The plan should finally include information as to the educational setting to which the student is expected to return.

**ASSURANCES**

This form must be signed by both the superintendent of the school district where the student's parent or guardian resides and the state-approved director of special education responsible for the district. Signing the form attests to the accuracy and validity of the information contained within the application and attests to compliance with the requirements of Article 14 of the School Code, ensuring that a full and comprehensive continuum of educational services is available in the district/joint agreement/region, yet is insufficient for this student's education.

*We, the undersigned, do hereby declare that the foregoing statements are true to the best of our knowledge and belief, and that said school district or joint agreement has complied with requirements of the law and regulations as set forth in Article 14 of the School Code and 23 Illinois Administrative Code 226, and all other applicable state and federal laws and regulations. The costs of the placement, i.e., the tuition, room and board, and transportation as delineated in the IEP, will be paid by the district and will be at no cost to the parent or youth.*

_____ <i>Date</i>	_____ <i>Date</i>
_____ <i>Signature of District Superintendent</i>	_____ <i>Signature of State-Approved Director of Special Education</i>

**ISBE USE ONLY**

<input type="checkbox"/> Pending <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (reasons)	_____ <i>Signature of ISBE Authorized Office</i>	
DATE RECEIVED	CURRENT APPROVAL DATE	
	_____	<i>Date</i>
	_____	
	_____	