



Illinois State Board of Education

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

APPLICATION FOR APPROVAL OF PRIVATE RESIDENTIAL PLACEMENT ROOM AND BOARD REIMBURSEMENT

SPECIAL EDUCATION DEPARTMENT

Start Date: _____ **Check one:** ☐ Initial Placement ☐ Continuing Placement ☐ Change of District or Facility Code.

INSTRUCTIONS: When a school district determines at an IEP meeting that the least restrictive environment for a student is a private residential placement, This form is to be completed and submitted in a timely manner to allow approval **PRIOR** to the district effecting the placement. Tuition and room and board may be contracted by a school district for students ages 3 through 21 who are residents of the school district, have a parent or guardian other than a public agency, and need a residential placement **for educational reasons**. (No reimbursement will be provided for students who are 22 years old or older.) Upon receipt of approval for reimbursement via ISBE Form 34-37, the student must be entered in I-Star to complete the approval process. Claims for room and board should be submitted monthly in IWAS.

Complete and submit one copy of this application form PRIOR to placement, renewal due date, or change of placement. Make certain to include separate pages with narrative, as necessary. **Submit application to 3437RnB@isbe.net.**

SECTION I IDENTIFICATION (Items must match the information listed in I-Star.)

NAME OF STUDENT (LAST NAME / FIRST NAME - Do not use nicknames.)		SIS NUMBER
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE (MM/DD/YY)	REGION, COUNTY, DISTRICT, TYPE CODE

RESIDENT DISTRICT NAME AND NUMBER AND ADDRESS (Street, City, ZIP Code)

NAME AND TITLE OF CONTACT PERSON AND LOCATION	TELEPHONE NUMBER (Include Area Code)	EMAIL OF CONTACT PERSON
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RESIDENTIAL PRIVATE FACILITY CODE (Where student is located)	RESIDENTIAL PRIVATE FACILITY NAME AND ADDRESS (Street, City, ZIP Code)
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Complete this section if the Residential Private Facility code is a Residential Only code **OR** if the tuition will be paid to a different entity code than listed above.

TUITION PRIVATE FACILITY CODE _____	PRIVATE FACILITY _____
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NAME AND NUMBER AND ADDRESS (Street, City, ZIP Code)

Use the codes below to indicate the disability(ies) of the student. (This information should be the same as in I-Star.)

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

For initial out-of-state applications, has a DCFS Interstate Compact been initiated for an initial Out-of-State Application if the student is under the age of 18?

☐ Yes ☐ No Email for Compact is DCFS.InterstateCompactGeneral@illinois.gov.

Initial or Continuing Out-of-State Placement for all Students – complete the following:

(If needed, add pages at end of application.)

☐ Yes ☐ N/A For a child who is placed in an out-of-state special education residential facility, prior to the placement, the school district referred to the child and/or the parent/guardian the option to place the child in a special education residential facility located within this State, if any, that provides treatment and services comparable to those provided by the out-of-state special education residential facility?

IN-STATE OPTIONS CONSIDERED	REASONS THE PLACEMENT WAS REJECTED

ISBE USE ONLY

☐ Initial/Continuing ☐ Age ☐ Gender ☐ Disability ☐ Residential Only ☐ Out of State
☐ Interstate Compact ☐ Narrative ☐ Reintegration Plan ☐ Past Reintegration Plan ☐ Signatures

Additional Notes:

SECTION II PLACEMENT INFORMATION

HISTORY OF SERVICES PROVIDED. Use the chart 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) 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 in Section I)	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 IEP Student Tracking and Reporting System (ISStar).

- 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 = Philip 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)

SERVICES INFORMATION

SERVICES PROVIDED IN MOST RECENT PLACEMENT. (This includes hospital instructional program if applicable.) Use the keys below to indicate the services and amount of time provided on a weekly basis in the **most recent placement** described in Section II. **List services in order of importance.**

RELATED AND OTHER SERVICES CODES (Key Below)	AMOUNT OF TIME PER WEEK (Key Below)

REQUESTED SERVICES. Use the keys below to indicate the services and amount of time these are to be provided each week by the requested residential placement. This information should be in the student's current IEP.

RELATED AND OTHER SERVICES CODES (Key Below)	AMOUNT OF TIME PER WEEK (Key Below)

RELATED AND OTHER SERVICES KEY

- | | |
|---|--|
| <ul style="list-style-type: none"> 01 = Adapted Physical Education 02 = Aide - Class 03 = Aide - Individual Student 04 = Art Therapy 05 = Audiology 06 = Brailist/Reader 07 = Counseling Services (Indicate whether individual or group) 08 = Consultant Services 09 = Adapted Driver Education 10 = Interpreter Services 11 = Assistive Device 12 = Music Therapy 13 = Occupational Therapy 14 = Outdoor Education 15 = Orientation and Mobility 16 = Other Related Services (See next page.) 17 = Parent Counseling 18 = Psychological Services | <ul style="list-style-type: none"> 19 = Physical Therapy 20 = Psychiatric Services 21 = Recreation 22 = School Health Services 23 = Speech/Language Services 24 = Social Work Services 25 = Transportation (Special) 26 = Career and Technical Education 27 = Transition/STEP by Division of Rehabilitation Services 28 = Behavioral Intervention Plan 29 = Competitive Employment 30 = Travel Training 31 = Acquisition of Daily Living Skills 32 = Supported Employment 33 = Supports for Transition to Post-Secondary Education 34 = Interagency Linkages |
|---|--|

AMOUNT OF TIME KEY

- | | |
|---|---|
| <ul style="list-style-type: none"> 0 = Less than 1 hour 1 = 1 hour or more but less than 2 hours 2 = 2 hours or more but less than 3 hours 3 = 3 hours or more but less than 4 hours 4 = 4 hours or more but less than 5 hours | <ul style="list-style-type: none"> 5 = 5 hours or more but less than 6 hours 6 = 6 hours or more but less than 7 hours 7 = 7 hours or more but less than 8 hours 8 = 8 hours or more but less than 9 hours 9 = 9 hours or more |
|---|---|

OTHER SERVICES

Use this space to describe other services (code 16) indicated in Section II, including services provided by other agencies in cooperation with the school program. **Attach additional pages, if needed. Number of pages attached for this section is _____.**

OTHER SERVICES	DESCRIPTION OF SERVICES	OTHER AGENCY(IES) (If applicable)

SECTION III SECTION III IEP AND EVALUATION DATES

Month Day Year * Required

__ __ __ __ __ __ *Date of the most recent Eligibility/Evaluation/Reevaluation Conference.

__ __ __ __ __ __ Dates of supplemental evaluations (if applicable) – specify type.

__ __ __ __ __ __ _____
Supplemental Evaluation

__ __ __ __ __ __ _____
Supplemental Evaluation

__ __ __ __ __ __ *Date (mm/dd/yy not mm/yy) of the **most recent** Individualized Education Program (IEP) meeting that recommended this residential placement be made **or continued**.

__ __ __ __ __ __ *If different from above, most recent IEP Annual Review date.

SECTION IV AGENCY CONTACT

AGENCIES CONTACTED

The district must show appropriate contacts with state or local agencies including but not limited to those listed below that provide community support programs and services to students and their families. **Applications that 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	K = Local Mental Health Center
B = Department of Human Services	L = Local Youth Services Provider
C = Department of Children and Family Services	M = Local Recreation Services Provider
F = Department of Corrections	N = Local Substance Abuse Services Provider
G = County Probation Agency	O = Private Counseling Service
H = Department of Public Health	P = State Psychiatric Hospital/Zone Center
I = Division of Specialized Care for Children	Q = Other State/Local Agency
J = Community and Residential Services Authority	

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

_____ Department/Agency Contacted (Use key above.) <input type="checkbox"/> Participated in IEP Meeting <input type="checkbox"/> Assessment <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medical <input type="checkbox"/> Other (Explain at right.)	RESULTS OF CONTACT/COMMENTS:
_____ Department/Agency Contacted (Use key above.) <input type="checkbox"/> Participated in IEP Meeting <input type="checkbox"/> Assessment <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medical <input type="checkbox"/> Other (Explain at right.)	RESULTS OF CONTACT/COMMENTS:
_____ Department/Agency Contacted (Use key above.) <input type="checkbox"/> Participated in IEP Meeting <input type="checkbox"/> Assessment <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medical <input type="checkbox"/> Other (Explain at right.)	RESULTS OF CONTACT/COMMENTS:
_____ Department/Agency Contacted (Use key above.) <input type="checkbox"/> Participated in IEP Meeting <input type="checkbox"/> Assessment <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medical <input type="checkbox"/> Other (Explain at right.)	RESULTS OF CONTACT/COMMENTS:
_____ Department/Agency Contacted (Use key above.) <input type="checkbox"/> Participated in IEP Meeting <input type="checkbox"/> Assessment <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medical <input type="checkbox"/> Other (Explain at right.)	RESULTS OF CONTACT/COMMENTS:

SECTION V NEED FOR PRIVATE RESIDENTIAL PLACEMENT — REQUIRED NARRATIVE

Applications may be submitted in sections. However, reimbursement will not be approved until all required documents, signed by both the district superintendent and the director of special education, are received.

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 describe 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, and 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, including 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 that 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 VI REINTEGRATION PLAN

Private residential placement for educational reasons is considered a temporary placement for the purpose of allowing a student to be in an atmosphere in which he/she can adjust and align with the usual expectations for 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.

A Reintegration Plan must be initiated for a student's eventual return to the school district/community even though his/her progress in the residential facility cannot be entirely predicted. 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 to be revised.

The Reintegration Plan should be detailed as to the specific steps to be taken by the district over the one-year timeframe 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 that 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.

REINTEGRETION PLAN – Complete for Requested Application Period

Use the Reintegration Plan form to complete this section for all applications for the upcoming year or application period (if different). (For students 18 through 21 years of age, please note community resource connections that have been completed with the student's home community in preparation to transition to post-school services.)

ANTICIPATED DATE/ TIMELINE OF ACTIVITY	PARTICIPANTS	BRIEF DESCRIPTION OF ACTIVITY

ANTICIPATED DATE/ TIMELINE OF ACTIVITY	PARTICIPANTS	BRIEF DESCRIPTION OF ACTIVITY

SECTION VII REINTEGRATION PLAN — CONTINUING APPLICATIONS

REINTEGRATION PLAN – Past Application Approval Documentation

In addition to the Reintegration Plan Proposal for the future, districts applying for a Continuation Application are required to complete the following chart demonstrating the proposed plan from the previously approved 34-37 Application and the timelines for the completion of the reintegration tasks as noted in that application. (Please complete the chart with the activities that were approved on the previous 34-37 Application and provide the details below.)

DATE OF COMPLETED ACTIVITY	PARTICIPANTS	BRIEF DESCRIPTION OF ACTIVITY

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.

District Superintendent

NAME OF DISTRICT SUPERINTENDENT (Please type or print the name.)	TELEPHONE NUMBER (Include Area Code)
ADDRESS (Street, City, ZIP Code)	EMAIL ADDRESS

Date

Signature of District Superintendent

State-Approved Director of Special Education

NAME OF STATE-APPROVED DIRECTOR OF SPECIAL EDUCATION (Please type or print the name.)	TELEPHONE NUMBER (Include Area Code)
IF A MEMBER OF A JOINT AGREEMENT/SPECIAL EDUCATION COOPERATIVE, NAME OF COOPERATIVE:	
ADDRESS (Street, City, ZIP Code)	EMAIL ADDRESS

Date

Signature of State-Approved Director of Special Education