



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 SERVICES DIVISION

Start Date: _____ Please **check one (only)** of the following: Initial Placement Continuing Placement Transition to H.S.

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. 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**. Upon receipt of approval for reimbursement via ISBE Form 34-37, the student must be entered on FACTS to complete the approval process. Claims for room and board should be submitted monthly on IWAS.

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 district 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 or graduates from the eighth grade;
- 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. Submit to 3437RnB@isbe.net.

SECTION I IDENTIFICATION (Complete for all applications.) (Items must match the information listed on FACTS.)

NAME OF STUDENT (Do not use nicknames.) Last _____ First _____		SIS NUMBER _____
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GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE (MM/DD/YY) _____	REGION, COUNTY, DISTRICT, TYPE CODE _____ - _____ - _____ - _____
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RESIDENT DISTRICT NAME AND NUMBER AND ADDRESS (Street, City, Zip Code)	FAX NUMBER (Include Area Code)
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NAME AND TITLE OF CONTACT PERSON AND LOCATION	TELEPHONE NUMBER (Include Area Code)	E-MAIL 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 the following items **ONLY** when tuition is paid to a different entity code than is indicated above.

TUITION PRIVATE FACILITY CODE _____	PRIVATE FACILITY
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For Initial Application: If placement is Out of State - Has Interstate Compact with DCFS been completed for students under 18 years old? Yes No

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

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

Primary Disability, (i.e. the one that has the most adverse impact on the education of the student.) _____

Secondary Disability, if identified _____

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

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)

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 at right)	AMOUNT OF TIME PER WEEK (Key at bottom)
___ ___	___
___ ___	___
___ ___	___
___ ___	___
___ ___	___
___ ___	___
___ ___	___
___ ___	___
___ ___	___
___ ___	___

RELATED AND OTHER SERVICES KEY	
01 = Adapted Physical Education	19 = Physical Therapy
02 = Aide - Class	20 = Psychiatric Services
03 = Aide - Individual Student	21 = Recreation
04 = Art Therapy	22 = School Health Services
05 = Audiology	23 = Speech/Language Services
06 = Brailist/Reader	24 = Social Work Services
07 = Counseling Services (Indicate whether individual or group)	25 = Transportation (Special)
08 = Consultant Services	26 = Career and Technical Education
09 = Adapted Driver Education	27 = Transition/STEP by Division of Rehabilitation Services
10 = Interpreter Services	28 = Behavioral Intervention Plan
11 = Assistive Device	29 = Competitive Employment
12 = Music Therapy	30 = Travel Training
13 = Occupational Therapy	31 = Acquisition of Daily Living Skills
14 = Outdoor Education	32 = Supported Employment
15 = Orientation and Mobility	33 = Supports for Transition to Post-Secondary Education
16 = Other Related Services (Describe below)	34 = Interagency Linkages
17 = Parent Counseling	
18 = Psychological Services	

AMOUNT OF TIME KEY	
0 = Less than 1 hour	5 = 5 hours or more but less than 6 hours
1 = 1 hour or more but less than 2 hours	6 = 6 hours or more but less than 7 hours
2 = 2 hours or more but less than 3 hours	7 = 7 hours or more but less than 8 hours
3 = 3 hours or more but less than 4 hours	8 = 8 hours or more but less than 9 hours
4 = 4 hours or more but less than 5 hours	9 = 9 hours or more

Use this space for description of 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 REQUESTED PLACEMENT (Complete for all applications.)

Month Day Year * Required

___ ___ ___ *Date of the most recent Eligibility/Evaluation/Re-evaluation Conference

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

___ ___ ___ _____ Supplemental Evaluation

___ ___ ___ _____ Supplemental Evaluation

___ ___ ___ _____ Supplemental Evaluation

___ ___ ___ *Date (e.g., mm/dd/yy not mm/yy) of the most recent Individualized Education Program (IEP) meeting which recommended this residential placement be made or continued.

___ ___ ___ *If different from above, most recent IEP Annual review date.

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 at right)	HOURS PER WEEK (Key at bottom)
___ ___	___
___ ___	___
___ ___	___
___ ___	___
___ ___	___
___ ___	___
___ ___	___
___ ___	___
___ ___	___
___ ___	___

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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).

_____ 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:
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SECTION IV NEED FOR PRIVATE RESIDENTIAL PLACEMENT — REQUIRED NARRATIVE

Applications may be submitted in sections. However, approval for reimbursement will not be given 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 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.

Please Type or Print Name

Please Type or Print Name

Date

Signature of District Superintendent

Date

Signature of State-Approved Director of Special Education