



555 West Monroe Street, Suite 900  
Chicago, Illinois 60661

## NONPUBLIC SPECIAL EDUCATION FACILITY REQUEST FOR REVIEW FORM

### SPECIAL EDUCATION DEPARTMENT

Per Federal Regulations 34 CFR 300.509 and 23 Illinois Administrative Code Section 401 Regulations, this Nonpublic Special Education Facility Request for Review Form has been developed to assist parents and other parties in filing a written record of allegations against special education facilities under Section 14-7.02 of the School Code.

In order for an evaluation of an approved special education facility under Section 14-7.02 of the School Code to occur, the alleged violation(s) must meet the following requirements:

- Be connected to student health or safety issues pursuant to the regulatory requirements of 23 Illinois Administrative Code Section 401 regulations,
- Be connected to non-health or non-safety issues pursuant to the regulatory requirements of 23 Illinois Administrative Code Section 401 Regulations,
- Be submitted by means of a signed Nonpublic Special Education Facility Request for Review Form.
- Be for an incident that has occurred within 1-year of the filing of the Nonpublic Special Education Facility Request for Review Form.

Evaluations of approved special education facilities under Section 14-7.02 of the School Code may not occur under the following circumstances:

- Inquiries that seek advice or clarification regarding parental rights,
- Anonymous correspondence,
- Allegations that are not violations under the 23 Illinois Administrative Code Section 401 Regulations.

#### SECTION ONE

NAME OF THE NONPUBLIC SPECIAL EDUCATION FACILITY

#### SECTION TWO: Your Information

NAME	PHONE NUMBER	EMAIL
ADDRESS		
RELATIONSHIP TO STUDENT: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Advocate <input type="checkbox"/> Other (Explain):		

#### SECTION THREE: Student Information

NAME	PHONE NUMBER	
ADDRESS		
STUDENT INFORMATION SYSTEM ID (if known)	GENDER	RACE/ETHNICITY
IS THE CHILD CURRENTLY ENROLLED IN THE NONPUBLIC SPECIAL EDUCATION FACILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOME DISTRICT (IF KNOWN)	NAME OF THE NONPUBLIC SPECIAL EDUCATION FACILITY	

## SECTION FOUR

Your submission must allege a violation of *Illinois Administrative Code Part 401 Special Education Facilities Under Section 14-7.02 of the School Code*. Under *Part 401*, this includes:

- Subpart A: Approval of Programs (401.10 – 401.30)
- Subpart B: Placement and Education of Students (401.110 – 401.150)
- Subpart C: Operational Requirements (401.210 – 401.280)

A. WHAT WAS DATE OF ALLEGED VIOLATION(S)? \_\_\_\_\_

B. DESCRIBE THE ALLEGED VIOLATION(S) AND SUPPORTING FACTS.

C. IN RELATION TO THE ALLEGED VIOLATION(S), HAS THERE BEEN INVOLVEMENT BY LAW ENFORCEMENT OR ANY ALTERNATE STATE AGENCY? (If yes, please explain.)

D. PLEASE ATTACH A COPY OF ANY REPORTS CORRESPONDING TO THE ALLEGED VIOLATION(S) (incident reports, hospitalization records, DCFS reports, etc.).

\_\_\_\_\_  
*Digital or Original Signature*

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\*\*\* Please submit completed form to [nonpublicspped@isbe.net](mailto:nonpublicspped@isbe.net) \*\*\*