

**Instructions for Completing the Application for Eligibility of Public Programs to  
Serve Students with Disabilities under Public Act 103-0644**

Part 1 - Program Information. Please enter the following:

- 1) Official name of program
- 2) Address of program
- 3) Site administrator name and email
- 4) RCDTS code for program
- 5) Executive director or Superintendent name and email
- 6) Designated financial contact name and email

Part 2 - Disabilities/ Age Ranges / Current Year Enrollment

- 1) Enter the disabilities and accepted age ranges for the program
- 2) Enter the current enrollment next to each disability. Enter "0" if no current enrollment
- 3) Enter the total number of students allowed at the site (total capacity)

Part 3 - Program Description -Provide a program description that outlines the following information:

- 1) Disability categories
- 2) Ages ranges program serves or is able to serve
- 3) Disability and instructional style for each eligibility category
- 4) Maximum number of students program can serve based on current staffing levels, facility size and any other constraints to program size
- 5) Programmatic outcomes achieved by students and the data that will be collected on the programmatic outcomes achieved by students
- 6) Description of the program philosophy and methodology to reintegrate students into general education or towards their least restrictive environment
- 7) Description of what related service will be offered and how they will be provide and by whom.

Part 4 - Statement of Assurance

- 1) Sign and date the letter of assurance. Applications not signed will be returned.

Part 5 - Submit completed application to [publicsped@isbe.net](mailto:publicsped@isbe.net)

**Instructions for Requesting a New RCDTS Code for an Intensive Program**

**Intensive programs are those programs that have children enrolled whose Individualized Education Program (IEP) requires a dedicated one-to-one aide for the entire duration of the school day. The costs for the one-to-one aides are treated separately, and in addition to, the costs associated with the "base program". If you operate an intensive program that does not already have an RCDTS, please follow these steps to request the creation of a new RCDTS in ISBE's Entity Profile System.**

Part 1- Submit the following information to [epschange@isbe.net](mailto:epschange@isbe.net) on official letterhead:

- Base Program [RCDTS Code](#)
- Effective date of change
- Program name with "INT" after name (ABC Academy-INT)
- Administrator's name
- Administrator's email/phone number/fax number
- Grades served

Part 2 - Program will be notified once RCDTS code has been created

Part 3 - Complete and submit application for intensive program using intensive RCDTS code to [publicsped@isbe.net](mailto:publicsped@isbe.net)



555 West Monroe Street, Suite 900  
Chicago, IL 60661

**APPLICATION FOR ELIGIBILITY  
OF PUBLIC PROGRAMS TO SERVE  
STUDENTS WITH DISABILITIES  
under Public Act 103-0644**

**SPECIAL EDUCATION DEPARTMENT**

Per Public Act 103-0644, "separate public special education day school" means a separate special education program or facility that is established by a school district, public school, Regional Office of Education, or special education cooperative exclusively to meet the needs of special education students who cannot be educated in the general school environment and that provides services comparable to a private special education school.

**ALL programs or facilities must submit a completed application per RCDTS code requesting a tuition rate to be established. Applications should be completed AS SOON AS POSSIBLE, but no later than **March 15 for each year of eligibility**. If on a 2-year approval, applications are only required by March 15 of the 2nd year of approval. Completed applications can be submitted to [publicsped@isbe.net](mailto:publicsped@isbe.net).**

OFFICIAL NAME OF THE PUBLIC SPECIAL EDUCATION PROGRAM	PHONE (Include Area Code)
ADDRESS (Include City, State, and ZIP Code)	FAX (Include Area Code)
SITE ADMINISTRATOR	SITE ADMINISTRATOR EMAIL ADDRESS
RCDTS CODE	COUNTY
EXECUTIVE DIRECTOR OR SUPERINTENDENT	EXECUTIVE DIRECTOR EMAIL ADDRESS
DESIGNATED FINANCIAL CONTACT	FINANCIAL CONTACT EMAIL ADDRESS

EDUCATIONAL PROGRAMS		ACCEPTED AGE RANGE	CURRENT YEAR ENROLLMENT	EDUCATIONAL PROGRAMS		ACCEPTED AGE RANGE	CURRENT YEAR ENROLLMENT
A.	INTELLECTUAL DISABILITY			H.	SPEECH OR LANGUAGE IMPAIRMENT		
B.	ORTHOPEDIC IMPAIRMENT			I.	EMOTIONAL DISABILITY		
C.	SPECIFIC LEARNING DISABILITY			J.	OTHER HEALTH IMPAIRMENT		
D.	VISUAL IMPAIRMENT			K.	MULTIPLE DISABILITIES		
E.	HEARING IMPAIRMENT			L.	DEVELOPMENTAL DELAY (3 THROUGH 9 YEARS OLD)		
F.	DEAFNESS			M.	AUTISM		
G.	DEAF-BLINDNESS			N.	TRAUMATIC BRAIN INJURY		

**Maximum Number of Illinois Students That will be Allowed at this Site:** \_\_\_\_\_

## Program Description

Please provide a program description that outlines the following: the disability categories and ages of students that the program serves or is able to serve; the disability and instructional style for each listed eligibility category; the maximum number of students the program can serve based on the current level of staffing, facility size, and any other constraints to program size; programmatic outcomes and the data that will be collected on the programmatic outcomes achieved by those students; a description of the program's philosophy and methodology to reintegrate students into the general education environment or supporting students towards their least restrictive environment; and a description of what related services will be offered, how they will be provided, and by whom they will be provided.

(500 Word Limit)

## Statement of Assurance

*I, the undersigned, attest that the information provided on and included with this application is accurate and true, that this Program is in compliance with applicable Rules and Regulations for Approval of a Separate Public Special Education Program under 105 ILCS 5/14-1.08a of the School Code of Illinois, and meets the following criteria:.*

1. *Program is located in a separate building,*
2. *Students enrolled are 100% removed from general education,*
3. *The program does not serve general education students and,*
4. *The program does not have general education students in the building nor are the special education students attending classes with general education students.*

\_\_\_\_\_  
**Digital or Original Signature of  
Executive Director or Superintendent**

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

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

### ISBE Use Only:

- |   |   |
|---|---|
| <input type="checkbox"/> Qualifying Program or Facility   | <input type="checkbox"/> Program Description Provided         |
| <input type="checkbox"/> Updated in Entity Profile System | <input type="checkbox"/> Not Qualifying Program or Facility   |
|   | <input type="checkbox"/> Illinois Purchased Care Review Board |