

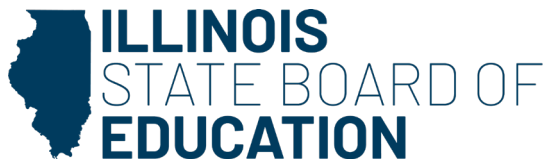
**SPECIAL EDUCATION DEPARTMENT**
**FORM 34-43 INSTRUCTIONS:**

This form is to be completed when a school district determines at an Individualized Education Program (IEP) meeting that the least restrictive environment for a student is a private residential placement. It must be submitted in a timely manner to allow approval prior to the district effecting the placement. This application is for school districts seeking reimbursement for costs of emergency and student-specific placements in residential facilities that have not been approved by the Illinois State Board of Education. Please note: No room and board reimbursement is available for students who are 22 years or older. Complete and submit one copy of this application form PRIOR to placement, renewal due date, or change of placement. Applications may be submitted in sections. However, reimbursement will not be approved until all required documentation has been received. Application should be submitted [34\\_43Reimb@isbe.net](mailto:34_43Reimb@isbe.net).

Use the instructions checklist below as a guide. Please submit the completed checklist with this application.

PAGE	SECTION	SUBMISSION REQUIREMENT	PREPARER'S INITIALS
<b>Page 3</b>	<b>Section I</b>	Check appropriate box for application (Initial/Continuing). Provide projected start date for Initial Application.	
		Provide facility information.	
		Confirm all contact information is correct for resident district.	
		Confirm Student Information System number and Region-County-District-Type code for resident district is correct.	
		Confirm all student information is correct (e.g., gender, birthdate, primary disability, secondary disability, and tertiary disability [if applicable]).	
		Complete Illinois Department of Children and Family Services (DCFS) Interstate Compact if the student is under 18 years of age, being placed out of state, and this is an Initial Application.	
		Verify that parent/guardian(s) were informed about the option to place the student in state prior to placing out of state.	
<b>Page 4</b>	<b>Section II</b>	Provide history of prior placement.	
<b>Page 5</b>	<b>Section III</b>	Verify services in the current/most recent placement.	

		Verify services that are being requested for residential placement.	
<b>Page 6</b>	<b>Section IV</b>	Verify dates of most recent evaluations and IEP annual review. Also include date of IEP meeting during which residential placement was recommended.	
	<b>Section V</b>	Verify outside agencies that were contacted.	
<b>Page 7</b>	<b>Section VI</b>	Complete narrative per instructions and attach/submit with the Form 34-43 Application. (Follow directions for Initial or Continuing, as appropriate.)	
	<b>Section VII</b>	Complete Reintegration Plan per instructions and/or attach/submit with the Form 34-43 Application.	
<b>Page 8</b>	<b>Section VIII</b>	For Continuing Applications, complete the Documentation of Previous Reintegration Activities form noting the date, participants, and description of the activity.	
	<b>Section IX</b>	Complete spreadsheet per the application instructions. Attach/submit spreadsheet with Form 34-43 Application. ( <i>NOTE:</i> It is helpful to have the list in alphabetical order according to facility name.)	
<b>Page 9</b>	<b>Section X</b>	Complete all items in the Satisfactory Proof section on page 10 of this document and attach/submit with the Form 34-43 Application.	
	<b>Section XI</b>	For both Initial and Continuing Applications, submit a calendar for any school year or summer session that might be covered by the approval (possibly one year from start date).	
	<b>Section XII</b>	Complete additional facility contact information and provide per diem rates for room and board, tuition, and any other fees charged to the district by the residential facility.	
<b>Page 10</b>	<b>Section XIII</b>	Verify Assurances and include signatures of the district superintendent and state-approved director of special education.	
		Complete contact information for district superintendent and state-approved director of special education.	



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

**APPLICATION FOR ROOM AND BOARD  
REIMBURSEMENT OF EMERGENCY AND  
STUDENT-SPECIFIC PLACEMENT IN A  
NON-APPROVED RESIDENTIAL FACILITY**

**SPECIAL EDUCATION DEPARTMENT**

**Check one:**

☐ Initial Placement – Anticipated Start Date: \_\_\_\_\_

☐ Continuing Placement

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

NAME OF STUDENT (LAST NAME / FIRST NAME - <b>Do not use nicknames.</b> )		STUDENT INFORMATION SYSTEM NUMBER
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	BIRTH DATE (MM/DD/YY)	REGION-COUNTY-DISTRICT-TYPE CODE
RESIDENT DISTRICT NAME, NUMBER, AND ADDRESS (Street, City, ZIP Code)		
NAME AND TITLE OF CONTACT PERSON FOR DISTRICT/CO-OP		TELEPHONE NUMBER (Include Area Code)
		EMAIL OF CONTACT PERSON
RESIDENTIAL FACILITY NAME AND ADDRESS		RESIDENTIAL FACILITY TELEPHONE NUMBER
EDUCATIONAL FACILITY NAME AND ADDRESS (if different from above)		EDUCATIONAL FACILITY TELEPHONE NUMBER

Use the codes below to indicate the disability(ies) of the student.

Primary Disability \_\_\_\_\_ Secondary Disability, if identified \_\_\_\_\_ Tertiary Disability, if identified \_\_\_\_\_

**DISABILITY KEY**

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

**For Initial Out-of-State Applications, has a DCFS Interstate Compact been initiated if the student is under the age of 18?**

☐ Yes ☐ No For information about Interstate Compact, please contact DCFS at [DCFS.InterstateCompactGeneral@illinois.gov](mailto:DCFS.InterstateCompactGeneral@illinois.gov).

**Initial or Continuing Out-of-State Placement for all students: Complete the following.**

☐ Yes ☐ N/A Prior to the placement of a child in an out-of-state special education residential facility: Did the school district inform the child and/or the parent/guardian of the option to place the child in a special education residential facility located within the state, if any, that provides treatment and services comparable to those provided by the out-of-state special education residential facility?

## 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. 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 not identified as eligible for special education and was placed in regular education. *If a two-year history is not available, please enter the date and month/year when the student entered the district.*

DATE STUDENT ENTERED DISTRICT

Beginning Date		End Date		DISABILITY CODE (See key on Page 1.)	EE CODE (See key below.)
Month	Year	Month	Year		

### EDUCATIONAL ENVIRONMENT CODES AND BRIEF DESCRIPTION KEY

*For additional details, see EE codes in*

[\*Students with Disabilities Data Collection and Approval Instructions for Use with I-Star manual.\*](#)

- 01 = Special ed 80% or more of day inside regular classroom
- 02 = Special ed 40-79% of day inside regular classroom
- 03 = Special ed less than 40% of day inside regular classroom
- 04 = Full-time special ed class in a separate public day school that does not house programs for students without disabilities
- 05 = Full-time special 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
- 14 = Illinois School for the Visually Impaired
- 15 = Illinois Center for Rehabilitation and Education
- 16 = Illinois Department of Human Services
- 17 = Full-time program designed for children without disabilities with all special ed delivered in that setting (ages 3-5)
- 18 = Full-time special ed in program designed for children with disabilities housed in community-based settings (ages 3-5)
- 19 = Part-time special ed provided at home or in programs designed for children without disabilities and part-time special ed provided in programs designed for children with disabilities (ages 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 each week in the most recent placement described in Section II.

RELATED AND OTHER SERVICES CODES (See key.)	AMOUNT OF TIME PER WEEK (See key.)

**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 (See key.)	AMOUNT OF TIME PER WEEK (See key.)

**RELATED AND OTHER SERVICES KEY**

- 01 = Adapted Physical Education
- 02 = Aide - Class
- 03 = Aide - Individual Student (Note if 16 or 24 hours)
- 04 = Art Therapy
- 05 = Audiology
- 06 = Brailist/Reader
- 07 = Counseling Services (Note if 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 (Describe service in space provided.)
- 17 = Parent Counseling
- 18 = Psychological Services
- 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 Postsecondary Education
- 34 = Interagency Linkages

**AMOUNT OF TIME KEY**

- 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
- 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

## SECTION IV: IEP AND EVALUATION DATES

DATE (MM/DD/YY)	* REQUIRED
_____	* Date of the most recent Eligibility/Evaluation/Reevaluation Conference
_____	* Date of the <i>most recent</i> IEP meeting that recommended this residential placement be made or continued.
_____	* If different from above, date of the most recent IEP annual review.
Dates of supplemental evaluations, if applicable. Specify type: _____	
_____	Supplemental Evaluation: _____
_____	Supplemental Evaluation: _____

## SECTION V: AGENCY CONTACT

The district must show appropriate contacts with state or local agencies. These contacts can include those initiated by the district and/or student's family. Attach additional pages as necessary. Use the codes provided in the key below to indicate the department(s) and agency(ies) that were 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 **subject to review upon request**. If more space is needed, please attach additional page(s).

☐ Check this box if NO outside agencies have been contacted for this student.

### DEPARTMENT/AGENCY KEY

A = Department of Public Aid  
 B = Department of Human Services  
 C = Department of Children and Family Services  
 D = Department of Corrections  
 E = County Probation Agency  
 F = Department of Public Health  
 G = Division of Specialized Care for Children  
 H = Community and Residential Services Authority

I = Local Mental Health Center  
 J = Local Youth Services Provider  
 K = Local Recreation Services Provider  
 L = Local Substance Abuse Services Provider  
 M = Private Counseling Service  
 N = Local Substance Abuse Services Provider  
 O = Private Counseling Service  
 P = State Psychiatric Hospital/Zone Center  
 Q = Other State/Local Agency

<b>____ DEPARTMENT/AGENCY CONTACTED</b> (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.)	<b>RESULTS OF CONTACTS/COMMENTS:</b>
<b>____ DEPARTMENT/AGENCY CONTACTED</b> (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.)	<b>RESULTS OF CONTACTS/COMMENTS:</b>
<b>____ DEPARTMENT/AGENCY CONTACTED</b> (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.)	<b>RESULTS OF CONTACTS/COMMENTS:</b>
<b>____ DEPARTMENT/AGENCY CONTACTED</b> (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.)	<b>RESULTS OF CONTACTS/COMMENTS:</b>

### For Initial Applications

- The student's educational history of initial entry into school to present time, including:
  - The types of placements the student has entered.
  - Successes and failures of the placements.
  - Reasons for any failures.
  - The student's academic strengths and weaknesses.
  - 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 current levels of educational performance including information related to functional grade level, achievement testing or IQ testing.
  - A description of the issues, concerns, or adverse effects that led to the IEP team recommendation for residential placement.
- 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 including information related to any psychiatric hospitalizations and resulting diagnoses or findings.
- The student's involvement with courts or other agencies.
- 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.

*If the student is unable to return to their home school at the time of an IEP review, there must be clearly stated specific reasons why the student cannot be educated locally. Please provide a narrative that includes the following:*

- 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 to ameliorate the adverse effects of the disability.
- A description of the issues, concerns, or adverse effects that necessitate the continuation of the residential placement including specific description of the progress or lack thereof in the current placement over the previous approval period.

Private residential placement for educational reasons is considered a temporary placement. It is expected that a plan for reintegration will be made in order to accomplish a smooth transition from residential placement back into the district/community life at the appropriate time. The reintegration plan should include details as to the specific steps to be taken by the district to monitor the progress of the residentially placed student towards their eventual reintegration back to the district/community. The expectation is for the district to have monthly contacts with the facility, family, and/or student throughout their residential placement. A reintegration plan must be initiated for a student's eventual return to the district/community even though their progress in the residential facility cannot be entirely predicted. The dates the activities were carried out should be tracked by the district throughout the approval period.

[illegible]

## SECTION VIII: DOCUMENTATION OF PREVIOUS REINTEGRATION ACTIVITIES – CONTINUING APPLICATIONS ONLY

Districts applying for continuing reimbursement are required to complete the following chart documenting the dates the reintegration activities from the previous 34-37 application occurred.

DATE	PARTICIPANTS	BRIEF DESCRIPTION OF MONTHLY ACTIVITY

## SECTION IX: GOOD FAITH EFFORT

**For Initial Applications:** The district must complete and attach documentation (in a spreadsheet or other attachment) to demonstrate its good faith efforts to locate a placement in a facility approved under 23 Ill. Admin. Code 401, but no facility accepted the student or no immediate placement was available. The documentation must contain the following:

- Name of facility (must match the name as listed in the Private Facility search engine and placed in alphabetical order).
- Facility address.
- Facility contact name and number/email.
- Date(s) of contact.
- Method of contact.
- First and last name of person who made contact.
- If no referral packet sent, provide *detailed* explanation of why the referral packet was not sent.
- Date referral packet sent.
- Reason student not accepted.
- If accepted, anticipated date of placement or waitlist length.
- Additional notes, if appropriate.

**Every Three Years:** The IEP team will review appropriate ISBE-approved placements at least every three years following the student's placement to determine if there is any approved placement that can meet the student's needs, has accepted the student, and has availability for placement for the student. The district must attach updated documentation to demonstrate its good faith efforts to locate placement in a facility approved under 23 Ill. Admin. Code 401, but no facility accepted the student or no immediate placement was available.



## SECTION X: SATISFACTORY PROOF

The district must attach a narrative with a statement to demonstrate each of the following:

1. THE FACILITY DEMONSTRATES APPROPRIATE CERTIFICATION OF TEACHERS FOR THE STUDENT POPULATION. Describe how the district has verified that the teachers are certified for the student population it serves. ISBE reserves the right to ask for documentation.
2. THE FACILITY DEMONSTRATES AGE-APPROPRIATE CURRICULUM. Describe the facility's curriculum and its appropriateness to the specific student. This description should also include how academic assessments administered by the nonpublic facility to the student are the same as those administered to other individuals served in the program who are of approximately the same age.
3. THE FACILITY PROVIDES ENROLLMENT AND ATTENDANCE DATA. Describe how the facility will provide enrollment and attendance data to the district.
4. THE FACILITY DEMONSTRATES THE ABILITY TO IMPLEMENT THE CHILD'S IEP. Describe how the facility will implement the entirety of the child's IEP. Specifically describe how the special education and related services will be provided.
5. THE RESIDENTIAL FACILITY DEMONSTRATES THAT THE FACILITY IS PROVIDING SPECIAL EDUCATION SERVICES ITSELF PER THE REQUIREMENTS OF 23 ILLINOIS ADMINISTRATIVE CODE 226.330(g), which states, "A school district may place a student in a nonpublic special education facility ("facility") providing *educational services* ..."

## SECTION XI: CALENDAR

**CALENDAR:** The district must submit a copy of the facility's school calendar and, if fewer than 365 days, the facility's residential calendar. Calendars are necessary for the calculation of reimbursement. Please include all calendars applicable for a one-year period.

**CALENDAR (Continuing Applications):** Submit the facility's school calendar for the following school year. If it's available, and, if fewer than 365 days, the facility's residential calendar for the following school/residential year.

**REIMBURSEMENT:** Reimbursement for allowable room and board and tuition costs will be subject to the same proration methodology as is applied to reimbursement for rates determined under 5/14-7.02. The Illinois Purchased Care Review Board has the authority to request additional information for the purposes of determining a per diem and may also decline the reimbursement of non-allowable costs.

## SECTION XII: ADDITIONAL FACILITY CONTACT INFORMATION

The following contact information must be submitted as part of the process to establish rates for private facilities that are not approved by ISBE. This information is necessary for the district to claim reimbursement.

OFFICIAL NAME OF THE NONPUBLIC PROGRAM		TELEPHONE NUMBER (Include Area Code)	
SITE ADMINISTRATOR		TITLE	SITE ADMINISTRATOR EMAIL ADDRESS
ADDRESS(ES) (Street, City, ZIP Code)			COUNTY
NAME AND TITLE OF CONTACT PERSON AND LOCATION		TELEPHONE NUMBER (Include Area Code)	EMAIL OF CONTACT PERSON
OPERATING OR SPONSORING ORGANIZATION (IF APPLICABLE)			TELEPHONE NUMBER (Include Area Code)
CHIEF EXECUTIVE OFFICER NAME		CHIEF EXECUTIVE OFFICER EMAIL ADDRESS	
ADDRESS (Street, City, ZIP Code)			
CONTACT INFORMATION FOR INDIVIDUAL RESPONSIBLE FOR BILLING AND RATE INFORMATION			
ROOM AND BOARD PER DIEM \$	TUITION PER DIEM \$		OTHER (Specify) \$

### SECTION XIII: 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.*

#### The district hereby assures that:

- (i) The district made good faith efforts to locate placement in a facility approved pursuant to 23 Ill Admin Code 401 and no approved facility accepted the student or no immediate placement was available.
- (ii) The nonpublic facility demonstrates satisfactory proof of the following:
  - The nonpublic facility offers an age-appropriate curriculum and services are delivered in an age-appropriate setting.
  - The nonpublic facility has appropriate licensed teachers and related service personnel for the student.
  - The academic assessments administered by the nonpublic facility to the student are the same as those administered to other individuals served in the program who are of approximately the same age.
  - The nonpublic facility has the ability to implement the student's IEP.
  - The nonpublic facility will submit attendance records to the district. The district will provide ISBE a copy of the attendance records upon request.
- (iii) The district provided ISBE a copy of the nonpublic facility's school calendar for the academic year of placement. (See Section XI on page 10 of this document.)
- (iv) The district agrees to enter the student information into the I-Star data system.
- (v) The district is aware of the room and board and tuition costs to be charged by the nonpublic facility and understands that reimbursement is dependent on a per diem rate first being established by the Illinois Purchased Care Review Board. Further, the district understands the Illinois Purchased Care Review Board reserves the right to place limits on costs above and beyond what is reasonable for the placement.
- (vi) The district has made the parent/guardian of the affected student aware that the facility above is not approved pursuant to 23 Ill. Adm. Code 401; therefore, the facility is not required to follow Illinois Law or Administrative Rules, and the State Board of Education has no oversight or authority to investigate complaints made against the facility.  
Date parent was informed: \_\_\_\_\_
- (vii) The district understands that ISBE does not monitor safety and health concerns that arise in the facility of a non-approved residential program and will not be responsible if the student's safety and health are compromised. The district accepts responsibility for the student while placed in the nonapproved facility and does not hold the State Board of Education responsible for any liability associated with any safety and health concerns that arise due to the student's placement in this nonapproved facility.
- (viii) The district has submitted this form and corresponding documents. The district understands that failure to submit all documents will exclude the district from receiving reimbursement. The district understands that reimbursement for allowable room and board and tuition costs will be subject to the same proration methodology as is applied to reimbursement for rates determined under 5/14-7.02.
- (ix) The district has verified that the residential facility can demonstrate that the facility itself is providing special education and can meet the requirements of 23 IAC 226.330(g)(1)-(5) that states, "A school district may place a student in a nonpublic special education facility ("facility") providing educational services ..."

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

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