

The Secret to 34-37 & 34-43 (Spoiler: There is no secret!)

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Agenda

- Discuss in brief
- Changes to Form 34-37
- Changes to Form 34-43
- Our Top Five
- Q&A

Change can be hard...this one isn't!


- Simplified instructions
- Increased clarity of expectations
- Spelling errors
- Shorter!



Changes to Form 34-37

Section I:

- Facility codes should match what is on Form 19-83
 - It is the responsibility of the public placing district to initiate the 19-83
- Information needs to match what is in SIS (including the SIS number)
- DCFS Interstate Compact
 - Out-of-State
 - Under 18
 - Must be initiated prior to moving student out-of-state
- Annual *option* to place in-state



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

FORM 34-37 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. Please note: No room and board reimbursement is available for students who are 22 years old 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 to 3437RnB@isbe.net.

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

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

NAME OF STUDENT (LAST NAME / FIRST NAME - Do not use nicknames.)		STUDENT INFORMATION SYSTEM NUMBER
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	BIRTH DATE (MM/DD/YYYY)	REGION-COUNTY-DISTRICT-TYPE CODE
RESIDENT DISTRICT NAME AND NUMBER AND ADDRESS (Street, City, ZIP Code)		
NAME AND TITLE OF CONTACT PERSON FOR DISTRICT/CO-OP	TELEPHONE NUMBER (include Area Code)	EMAIL
RESIDENTIAL or COMBINATION PRIVATE FACILITY CODE (Where student is located)	RESIDENTIAL PRIVATE FACILITY NAME AND ADDRESS (Street, City, ZIP Code)	
Complete the section below if the Residential Private Facility code is a Residential Only code.		
TUITION PRIVATE FACILITY CODE	TUITION PRIVATE FACILITY NAME AND ADDRESS (Street, City, ZIP Code)	

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

Primary Disability _____ Secondary Disability, if identified _____ Tertiary Disability, if identified _____

DISABILITY KEY

A = Intellectual Disability	F = Hearing Impairment	K = Emotional Disability	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 an Illinois Department of Children and Family Services (DCFS) Interstate Compact been initiated if the student is under the age of 18? For information about an Interstate Compact, please contact DCFS at DCFS.InterstateCompact@dcfs.gov.
☐ Yes ☐ No

Initial or Continuing Out-of-State Placement for all students: Complete the following.
☐ Yes ☐ No ☐ 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 this state, if any, that provides treatment and services comparable to those provided by the out-of-state special education residential facility?

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Section II:

- Requires a two school-year history
- If a two-year history is not available, explain in the narrative or use the box for when the student entered the district
- Should include any placement information prior to being found eligible

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)

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Section III:

SECTION III: 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 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 = Braille/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

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- Both *Services in Most Recent Placement* and *Requested Services* sections must be filled out
- If there are changes throughout the year, you can update with continuing application

Section IV:

SECTION IV: IEP AND EVALUATION DATES	
DATE (MM/DD/YY)	* REQUIRED
	* Date of the most recent Eligibility/Evaluation/Reevaluation Conference.
	* Date of the most recent Individualized Education Program 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:

- This application is only submitted once the IEP has recommended the residential placement
- The dates in this section should not be future-dated

Section V:

- Include anything the student has access to (does not have to be initiated by the school district)
- This can be kept as a running record and updated annually
- Students who have reached age 14.5 should likely have some sort of involvement with adult services listed in this section
- For no outside agency involvement (rare), there is now a box to check

SECTION V: AGENCY CONTACT	
<p>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).</p>	
<input type="checkbox"/> 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
<input type="checkbox"/> 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 CONTACTS/COMMENTS:
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SECTION VI: NEED FOR PRIVATE RESIDENTIAL PLACEMENT — REQUIRED NARRATIVE

For Initial Applications

Please provide a narrative that includes a chronological description of the antecedents to the IEP team recommending residential placement. This narrative should minimally include specifics related to the following and should describe the efforts taken to alleviate the adverse impact of the student's disability:

- 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.

For Continuing Applications

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.

Section VI:

- Narrative is always part of the application, what you submit is different
- The “Need for Private Residential Placement” must describe the need for private residential placement
- Focus on the educational reason the placement was recommended by the IEP Team

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Section VI:

- Highly recommend using each of the bullet points for headings and providing the information requested to create narrative summary
- You can continue to use the same narrative with annual updates describing the present levels, reason for continuing placement, and description of the program and services desired
- BUT, please update the narrative
- Do not submit the IEP for this section, it does not meet requirements

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Section VII:

SECTION VII: REINTEGRATION PLAN		
<small>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 toward their eventual reintegration back into 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.</small>		
DATE	PARTICIPANTS	BRIEF DESCRIPTION OF MONTHLY ACTIVITY

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- OSEP provided verbal guidance to SEAs that placing districts should have monthly contact with residentially placed students
- We’ve provided a chart however, an attachment is acceptable
- Operative word is “plan” – activities are subject to change
- Reach out to ISBE Special Education if having difficulty reaching the facility

Reintegration Plan Activity Examples

- Consider a slow reintegration in cooperation with facility (e.g., trial visits home)
- Visits to campus by family and back to school by student
- Family therapy
- Programming, supports, and community involvement at residential placement can be what is bringing them closer to an LRE
- Should include anything related to postsecondary transition, where appropriate
- Formal/informal meetings and formal/informal communication between district and facility

Monthly attendance and billing and related clerical tasks are not a reintegration plan.

Section VIII

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

- “Monthly,” “ongoing,” “regular,” are too general and do not satisfy requirements
- Any attempts can count if having difficulty reaching facility
- Acceptable to use an attachment
- Can vary from the original plan
- Consider accessibility of this information should there be turnover

Section IX



- Must be signed by state-approved director of special education
- We can accept the application without signatures if needed and will finalize upon receipt of signed assurances

Changes to Form 34-43

Section IX:

- If considering a placement in a non-approved residential facility, it is highly recommended that you contact us for a Private Facilities Search
- Required for an initial placement and at least every three years after the initial placement
- If a referral is not made, must be highly specific in your documentation as to why
- Documentation does not need to include the non-approved placement contacts

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:

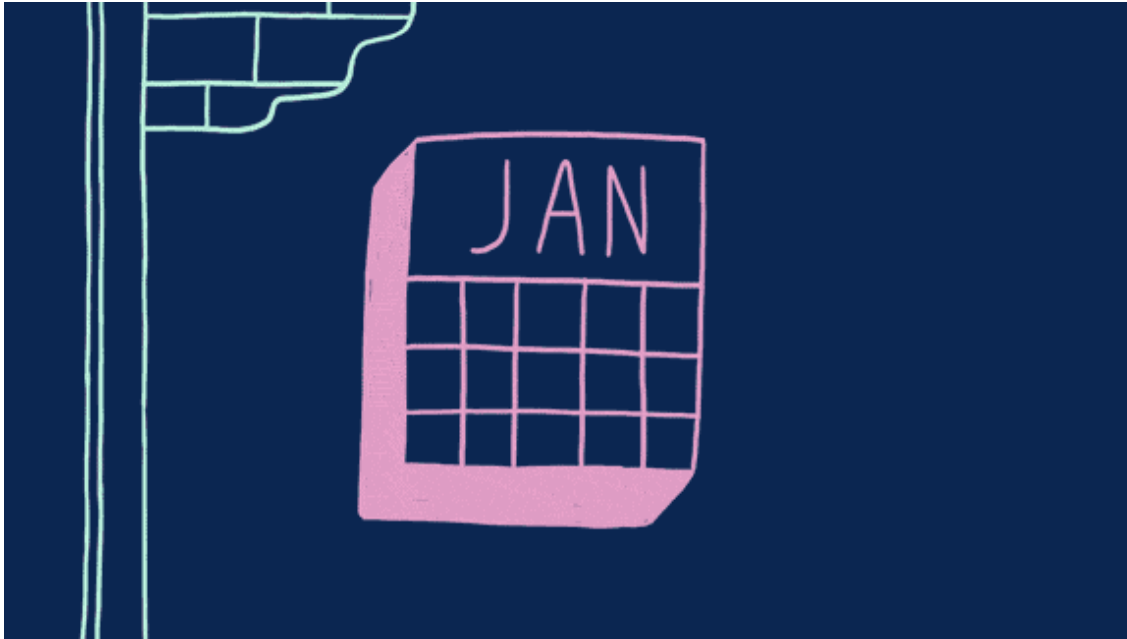
- Required for each continuing application
- Provide as statements of assurance, not as a description of the program
- The final item assures that the facility is providing the special education services rather than sending the student out for services

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:



- Calendars need to be submitted with every application
- Calendars should always be submitted in color if color coded
- ISBE will also reach out to all districts with a non-ISBE approved placement for calendars on an annual basis

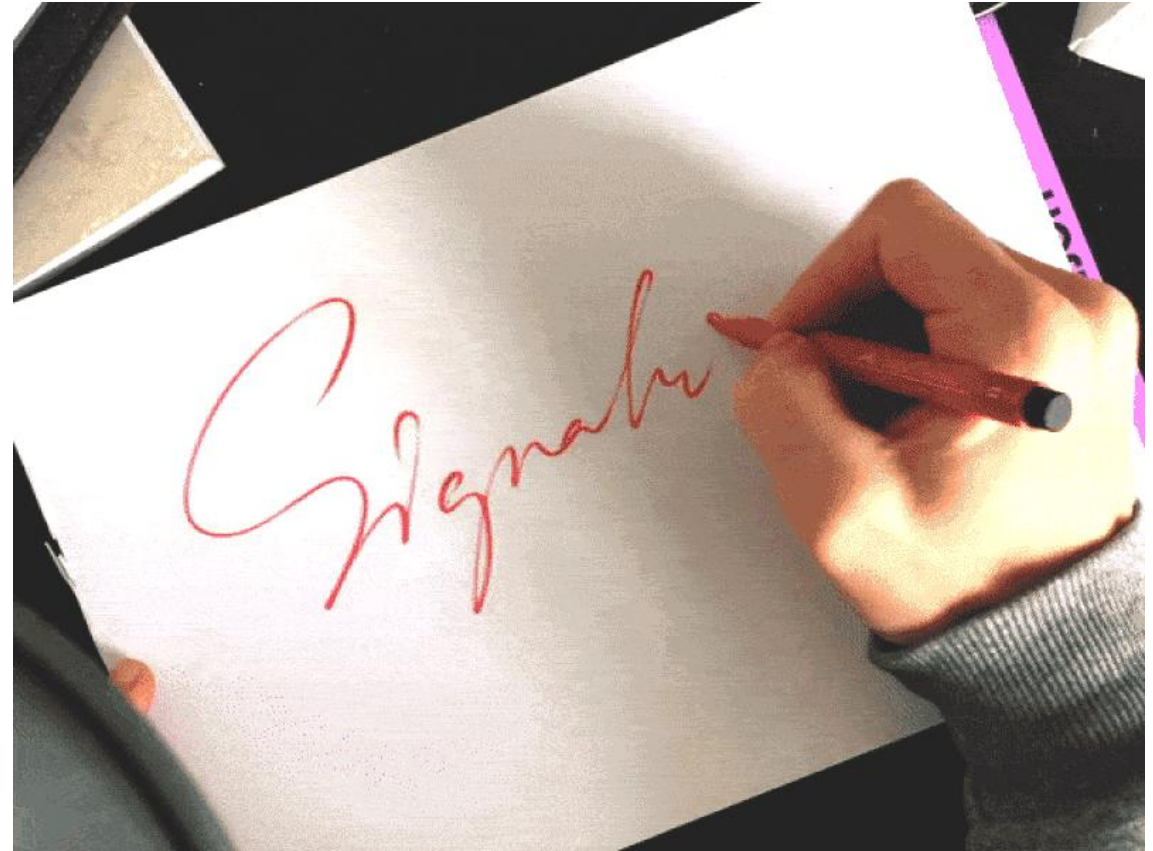
Section XII:



- Illinois Purchased Care Review Board (IPCRB) uses the information provided in this section to set rates
- If rates change, the change should be communicated to ISBE as soon as possible to facilitate the adjustment with IPCRB

Section XIII

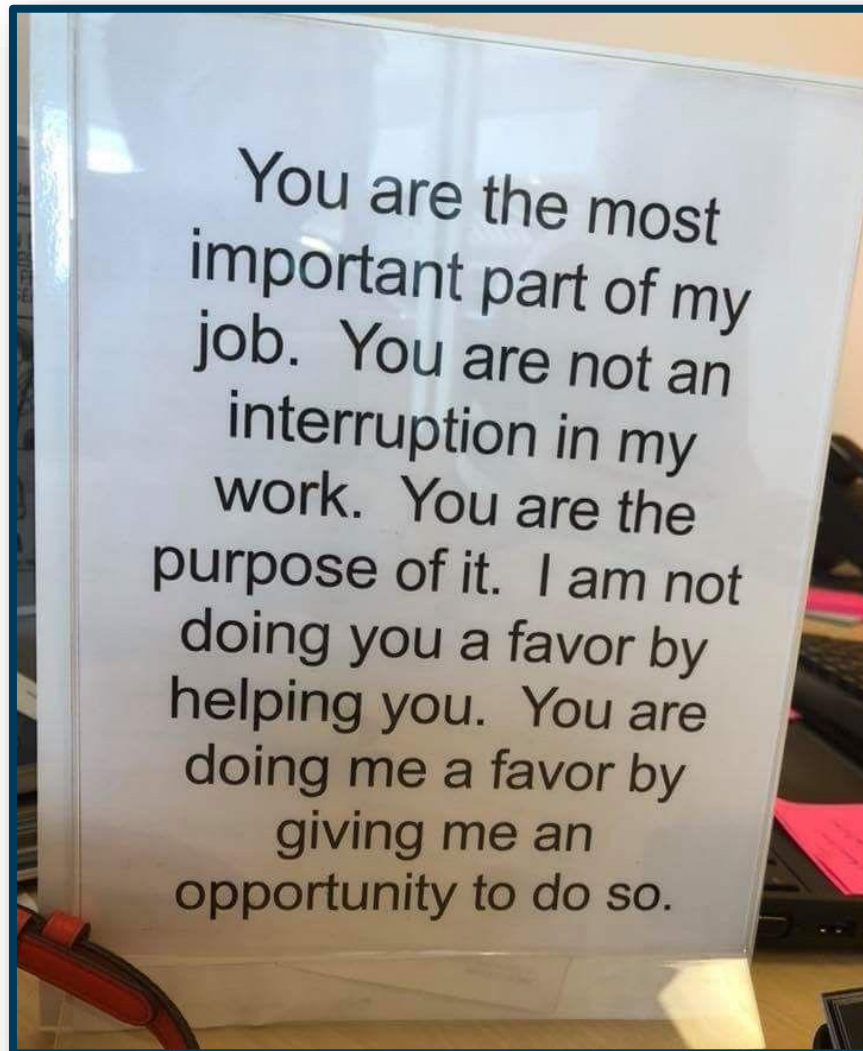
- Parents should be informed that the facility is not ISBE-approved on a yearly basis; this date should be updated accordingly



Frequently Asked Questions

- Can you backdate our application so we won't miss days of reimbursement?
 - Unfortunately, no.
- How detailed should I be in the narrative?
 - Your narrative will have enough detail if you use the directions in Section VI to assist with content. Any information you provide outside of this is not required.
- Do I need to submit the IEP or most recent evaluation reports with my application?
 - No. However, in some circumstances, they may be requested as part of our review.

Questions about Reimbursement	Contact Funding & Disbursements re: Special Education Claims – (217) 782-5256 Special Education Claims: https://www.hbug.k12.il.us/istarguide/index.php?title=Room and Board Claims
Questions about Student Approval Records in I-Star	Contact Harrisburg – support@hbug.k12.il.us Student Approvals: https://www.isbe.net/Documents/Data-and-Approval-Instructions-Manual.pdf
Questions about Transportation Reimbursement	Contact Funding & Disbursements re: Pupil Transportation – (217) 782-5256 Transportation Reimbursement FAQ: https://www.isbe.net/Documents/pupil-transp-faq.pdf
Questions about DCFS Interstate Compact	Contact DCFS Interstate Compact Office – dcfs.interstatecompactgeneral@illinois.gov or (217) 785-2680
Questions about Rate Setting	Contact Illinois Purchased Care Review Board – ILPCRB@isbe.net https://www.isbe.net/Pages/Illinois-Purchased-Care-Review-Board.aspx
Questions/concerns about ISBE-Approved Programs	Request for Review: https://www.isbe.net/Documents/53-32.pdf Private Facilities Search: https://apps.isbe.net/pfsearch/





Questions?

TOP FIVE MOST COMMON ERRORS

- Not tracking dates for the reintegration plan throughout the year OR using activities that are not monitoring the progress toward reintegration.
- Not informing ISBE when a student moves locations or has a change in private facility code.
- Not contacting ISBE if you think you will miss a deadline.
- Submitting a narrative summary that does not include the required information OR submitting the IEP in place of the narrative.
- Not offering parent the option of in-state placements for out-of-state students OR checking the box as “N/A” for this annual requirement.

thank you