

Special Education
...a service, not a place.

NonPublic Agency Application



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State Superintendent of
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July 2014

NonPublic Agency Application

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NonPublic Agency Application Annual Review and Renewal

WAC 392-172A-04080 through 04110

OVERVIEW

Public schools are required to provide a free appropriate public education (FAPE) to eligible special education students, aged 3–21. If a student's special education and related services cannot be provided within a given district, the district may contract with an approved nonpublic agency (NPA) to provide a FAPE in accordance with the Individuals with Disabilities Education Act (IDEA). Districts may also enter into interdistrict agreements with other school districts or contract with other public or private agencies under WAC 392-121-188 when the public or private agency does not meet the criteria for approval under the NPA process but the district determines that the public or private agency can provide the student with a FAPE. School districts are required to ensure that each student receives all services specified on the student's individualized education program (IEP) regardless of who provides the services.

When a school district contracts with an approved NPA or other public or private agency, the district retains full responsibility for the NPA's or other public/private agency's compliance with all applicable state and federal laws, including isolation and restraint requirements found at WAC 392-172A-03120 through 03135. School districts are not permitted to allocate IDEA, Part B funds, **or state special education funds** to an NPA for the provision of special education services until the Office of Superintendent of Public Instruction (OSPI) Special Education Office approves the NPA, an administrative law judge or court has ordered the placement¹, or the school district follows the procedures under WAC 392-121-188 to contract with public or private agencies that do not meet the criteria for approval under the NPA process.

An approved NPA must notify the OSPI Special Education Office and any school district it contracts with of any major changes to the program that occur during the approval period, any program changes that may affect the NPA's ability to contract, and any complaints against the NPA regarding services to eligible students. Any NPA that is unable to continue to provide services in accordance with state special education regulations will be removed from the state approved list of NPAs.

AUTHORITY

Federal law requires states to have a process for ensuring that eligible students who are placed in or referred to a private school or facility by a school district or other public agency are provided special education and related services in

¹ If the placement for a student is ordered by an administrative law judge or court of competent jurisdiction, the school district will notify OSPI of the order. The private agency serving the student is not required to go through the approval process for the ordered placement. However, if other districts intend to contract with the private agency, it will have to go through the approval process in order to be included on the list of approved placements.

conformance with a properly formulated IEP, at no cost to parents; an education that meets state standards (with exceptions for highly qualified requirements); and all the rights of an eligible student served by a school district in the state of Washington. (See 34 CFR § 300.146.) OSPI's NPA approval process is outlined in WAC 392-172A-04080 through 04110.

WAC 392-172A-04090 Approval of nonpublic agencies:

- The school district shall notify the OSPI Special Education Office, in writing, of its intent to serve a student through a contract with an NPA.
- The school district and proposed nonpublic agency will review the requirements for NPA approval, and will complete their portions of the application for nonpublic agency approval. The application submitted will include a description of the nonpublic agency and the services it will provide, signed required assurances, a special education personnel record, current fire and health inspection forms, and an on-site visit checklist. An official of the school district sponsoring the NPA for approval will conduct an on-site visit of the NPA as part of the application process.
- The district will provide the completed NPA application with a recommendation for approval or disapproval, to OSPI.
- Upon review of the completed application, which includes the results of the on-site visit, the OSPI Special Education Office may also conduct an independent on-site visit, if appropriate, and will approve or disapprove the application.

The OSPI Special Education Office makes information regarding currently approved NPAs available to all school districts on its website at <http://www.k12.wa.us/SpecialEd/NonpublicAgency.aspx>. When selecting a currently approved NPA for placement, school districts must still ensure that the particular NPA is able to provide the services required to meet the unique needs of the student(s) to be served by the NPA.

APPLICATION REQUIREMENTS

- If located within the state of Washington, the NPA must also be approved as a private school by the State Board of Education (SBE). If the NPA is associated with a hospital or treatment facility and is not an approved private school, the program must comply with the licensing requirement of the facility, and the NPA will ensure that the educational component of the facility has staff meeting relevant Washington State certification requirements, and has at least one certificated teacher with a state special education endorsement.
- If an NPA has more than one site, it must complete an application for **each** site that will provide special education services.

- Out-of-state NPA applicants may be approved under the following conditions:
 - Documentation that the NPA has been approved to provide special education related services by the state in which the NPA is located (home state).
 - If the NPA has not been approved by the home state, it will explain why it is unable to obtain approval in the home state, or the grounds for disapproval in the home state.
 - In the event the home state does not have a formal approval process, or there is a basis for the applicant not obtaining approval from the home state, the applicant shall meet the requirements for approval in Washington State under the provisions of WAC 392-172A-04080 through 04105.
- NPA applicants (in or out of state) subject to sectarian or religious control or influence **are not eligible** for approval in Washington. The Washington State Constitution requires that all schools maintained or supported wholly, or in part, by public funds shall be forever free from sectarian control or influence (Washington State Constitution, Article 9, Section 4).
- Once approved by OSPI, it is the responsibility of the NPA to notify any affected school districts and the OSPI Special Education Office of any major program changes, any conditions that affect their ability to continue to provide contracted services to students eligible for special education, and/or any complaints it receives regarding services to eligible students.
- OSPI may suspend, revoke, or refuse to renew the approval of an NPA if it fails to maintain the approval standards, violates the rights of students eligible for special education, or refuses to implement any corrective actions ordered by OSPI.

INITIAL AND THREE-YEAR RENEWAL APPLICATION PROCESS

Sequence	Responsible Agency	Task
1	School District	The school district provides the OSPI Special Education Office a letter of intent to contract with an agency that is not currently an approved NPA.
2	NPA Applicant	The NPA applicant obtains application online at http://www.k12.wa.us/SpecialEd/NonPublicAgency.aspx or by contacting the school district or OSPI.
3	NPA Applicant	The NPA applicant submits a completed application and all documentation to the school district initiating the approval process.
4	School District	The school district reviews the application and conducts an on-site review/inspection using the On-Site Checklist (See pages A-8 thru A-11).
5	School District	The school district forwards the completed application, with all required documentation, and the district's recommendation (See page A-2).
6	OSPI	OSPI reviews the application and provides a written letter of approval/disapproval to the agency and school district. If approved, the letter will indicate the length of approval and information about renewal.
7	OSPI	OSPI Special Education Office updates NPA information on the website at http://www.k12.wa.us/SpecialEd/NonPublicAgency.aspx

POST INITIAL APPROVAL PROCESS

School District	The school district develops a written contract with the NPA. WAC 392-172A-04085 contains a list of required elements.
NPA To be completed prior to May 1 deadline	NPAs submit an annual review form (Appendix B of the application) <u>each</u> year by May 1, to ALL contracting school districts and the OSPI Special Education Office to maintain approved status. Note: For NPAs approved between January 1 and May 1, the first annual review will be required by May 1 of the following calendar year.
All Parties To be completed prior to May 1 deadline	NPAs must re-apply for approval every three years or sooner depending on the NPA's approval period. The application is submitted to the sponsoring school district well in advance of the May 1 deadline in order to leave ample time for site visit scheduling. Districts submit completed applications, including a recommendation regarding approval to OSPI no later than May 1 of the expiration year.

ANNUAL REVIEW REQUIREMENT

All NPAs must complete and submit an annual review form no later than May 1 of the succeeding calendar year following their initial approval to all school district(s) with which they currently hold contract(s) **AND** to OSPI at the following address:

OSPI
 Attn: Special Education Office
 P.O. Box 47200
 Olympia, Washington 98504-7200

The annual review must include a signed statement outlining any changes in personnel, the facility, or program services **AND** a current *Special Education Personnel Record (B-2)*. Annual review forms are included in the application packet at Appendix B. Districts should review the annual review form to ensure that the NPA has adequate staff to provide services to students placed at the NPA. Districts should also notify the OSPI Special Education Office if there is information in the annual review that could affect the NPA's ability to provide services to eligible students. The NPA will be annually notified in writing of its status by OSPI.

If issues with an NPA regarding non-compliance with state or federal law arise, at any time, the NPA is required to immediately notify all school districts with which it contracts, as well as the OSPI Special Education Office. Districts should also

immediately notify OSPI of any concerns arising at any time throughout the contract period. After receiving and reviewing the concern, the OSPI Special Education Office will inform the NPA and the district of any steps that should be taken to maintain the NPA's continued approval status.

RENEWAL APPLICATION PROCESS

Prior to expiration of the initial approval period, the nonpublic agency must reapply to maintain approval status. This renewal process is identical to the initial application. NPAs seeking renewal should plan accordingly because the completed renewal application **must be submitted by the district to OSPI no later than May 1 of the year in which the approval period expires.**

In the event that more than one district holds a contract with an in-state NPA, the responsibility for processing the renewal application lies with the district in which the NPA is located. If the district in which the NPA is located does not have a contract with the NPA, the nearest district that does hold a contract with the NPA will be responsible for submitting the renewal application. For out-of-state NPAs who have contracts with more than one district, OSPI will assist the NPA in determining which district shall be responsible to review and complete the renewal application.

If, during the renewal application process, it is determined that an agency no longer serves Washington State students, the NPA status will be revoked. The agency may reapply when OSPI receives notification of a district's intent to contract with the NPA.

An NPA that fails to submit a signed annual review statement or to complete the renewal process by the May 1 of each succeeding year in which the NPA was initially approved will not be considered as an NPA that is fully approved. As a result, the NPA approval status will be reviewed by OSPI and the NPA may be removed from the OSPI approved list.

Appendix A
(Initial & Renewal Application)



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Special Education
 Old Capitol Building
 PO BOX 47200
 Olympia WA 98504-7200
 (360) 725-6075 TTY (360) 586-0126

NONPUBLIC AGENCY APPLICATION For Programs Serving Students Eligible for Special Education

- Initial Application Renewal Application
Renewal applications are due by May 1 to OSPI

Information from this form is posted on the OSPI website (www.k12.wa.us/specialed).

GENERAL INFORMATION

NPA APPLICANT NAME		CHIEF ADMINISTRATOR	
CONTACT PERSON		ADMIN ADDRESS	
TELEPHONE NUMBER	FAX NUMBER	TITLE/ROLE	EMAIL ADDRESS
SITE ADDRESS – IF DIFFERENT		TELEPHONE NUMBER	FAX NUMBER
CONTACT E-MAIL ADDRESS		PARENT ORGANIZATION – IF ANY	

- Approved as private school by the Washington State Board of Education
- Licensed by: _____ Department of Social and Health Services
 (attach copy _____ Department of Health
 of current license)
- Other approval or license (attach copy of current license/approval)

Note: Office of Superintendent of Public Instruction approval of an NPA does not guarantee that the NPA will receive contracts for service from a local school district.

Check all that apply:

- Day school
 Developmental center
 Hospital
 Preschool/child care
 Residential
 Vocational training center
 Other _____

AREAS OF DISABILITIES SERVED

Check all areas of disabilities served that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Health impaired | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Communication disorder | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Visually impaired/blindness |
| <input type="checkbox"/> Deaf/blindness | <input type="checkbox"/> Intellectual disability | |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Multiple disabilities | |
| <input type="checkbox"/> Developmentally delayed | <input type="checkbox"/> Orthopedically impaired | |
| <input type="checkbox"/> Emotionally/behaviorally disabled | <input type="checkbox"/> Specific learning disability | |

AGENCY PROGRAM SERVICES

Check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Art therapy | <input type="checkbox"/> Mental health services | <input type="checkbox"/> Student counseling |
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Social work |
| <input type="checkbox"/> Adaptive physical education | <input type="checkbox"/> Music therapy | <input type="checkbox"/> Speech/language therapy |
| <input type="checkbox"/> Assistive/adaptive technology | <input type="checkbox"/> Orientation and mobility | <input type="checkbox"/> Therapeutic foster care |
| <input type="checkbox"/> Behavioral management | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Therapeutic recreation |
| <input type="checkbox"/> Bilingual/ESL services | <input type="checkbox"/> Parent counseling and training | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Vision services |
| <input type="checkbox"/> Hard of hearing/deaf education | <input type="checkbox"/> Psychological services | <input type="checkbox"/> Vocational/assessment |
| <input type="checkbox"/> Leisure education | <input type="checkbox"/> Respite care | <input type="checkbox"/> Vocational/career training |
| <input type="checkbox"/> Medical/health services | <input type="checkbox"/> Self-help/life skills | <input type="checkbox"/> Vocational/transitional services |
| | | <input type="checkbox"/> Other _____ |

OTHER PROGRAM/SERVICE CHARACTERISTICS

Describe other program/service characteristics not covered above.

FOR RENEWALS ONLY

Ages:

Please do not report on children aged birth-2.

Total number of students served:

Total number of students served through contracts with Washington School Districts to provide FAPE:

	3-5	6-12	13-17	18-21

DO NOT ALTER FORM IN ANY WAY

List **ALL Washington** school districts with whom you currently contract to provide special education services and the number of contracts with the school district. (IF there are multiple sites, list only district students served at that site.)

District: _____ Number of Students: _____ District: _____ Number of Students: _____
 District: _____ Number of Students: _____ District: _____ Number of Students: _____
 District: _____ Number of Students: _____ District: _____ Number of Students: _____

RECOMMENDATION

I have reviewed the application, completed a site visit, certified the accuracy of the information, and recommend

_____ (School/Agency name)

- Meets the requirement for NPA approval.
 Does not meet the requirement for NPA approval (complete comment section below).

_____	_____	_____
SCHOOL DISTRICT NAME	TYPE/PRINT NAME	EMAIL ADDRESS
_____	_____	_____
TITLE/ROLE	DISTRICT REP SIGNATURE	DATE
_____	_____	
OSPI SPECIAL EDUCATION DESIGNEE	DATE	

School District Comments:

ASSURANCES

1. The NPA applicant assures that it has financial safeguards in place to track revenues and expenditures associated with contracted placements to ensure that they are used for the students for whom they are contracted. The applicant further assures that it will obtain a financial audit from an independent accredited accountant **within one year of approval** as an NPA, and will provide a copy of the audit to any contracting school districts. The audit will address the agency's allocation methods in order to show that revenues provided by districts are being used to benefit the students for whom they are contracted. The NPA assures that it will obtain an independent audit at least every three years thereafter. The Office of Superintendent of Public Instruction (OSPI) reserves the right to request an audit at any time should the need arise during the agency's tenure as an NPA.
2. The agency is free from sectarian control or influence. No public funds shall be used to benefit any church or religious school or to support any religious instruction, religious worship, or religious practice. (Article 9, Section 4 Washington State Constitution.)
3. Services are provided in facilities that meet Americans with Disabilities Act (ADA) standards for public access and have successfully passed a current and official local health, safety and fire inspection (forms attached). All facilities and sites are safe and secure for students and conducive to learning.
4. The NPA will coordinate with the contracting school district(s) to initiate and convene IEP team meetings. Changes to IEPs must follow procedures for IEP revisions or amendments and in accordance with its contract(s) with school districts and with WAC 392-172A-04085.
5. The NPA will coordinate with the contracting school district for any needed re-evaluations in accordance with re-evaluation procedures (WAC 392-172A-03010 through 03080), with its contract(s) with school districts, and WAC 392-172A-04085.
6. The NPA will employ or contract with certificated staff, including special education and/or related services staff and non-certificated staff that meet personnel standards described in WAC 392-172A-02090.
7. Each certificated and non-certificated employee and volunteer, prior to initiation of service, shall have completed and cleared a State Patrol and FBI fingerprint check prior to unsupervised contact with students and pursuant to applicable statutes.
8. The NPA applicant shall maintain written policies and procedures regarding service provision and hiring practices in accordance with applicable federal and state requirements, e.g., nondiscrimination, procedural safeguard notification, convening of IEP meetings, need for IEP changes, need for coordination of student re-evaluations.
9. The confidentiality of student education records shall be maintained in accordance with the Family Educational Rights and Privacy Act (FERPA). (34 CFR, Part 99 and WAC 392-172A-05225)
10. The NPA shall notify the contracting school district(s) and OSPI of any written complaint(s) related to service delivery regarding the student for whom they have contracted services.
11. The NPA will notify the contracting school district and OSPI of any changes that would affect the NPA's ability to continue to provide services to students eligible for special education.
12. The NPA's policies and procedures are accessible to parents/guardians of children who receive services from the approved NPA.
13. The NPA will provide the contracted school district(s) with all educational records maintained by the NPA on behalf of a contracted student.

ASSURANCES (cont.)

I certify that I am the principal or chief administrator of the named NPA applicant and that said applicant is located at the address

Furthermore, I certify that I have read and understand each statement above, and assure that this program will be conducted

AUTHORIZED SIGNATURE

DATE

TITLE

TELEPHONE NUMBER

SPECIAL EDUCATION PERSONNEL RECORD

List all personnel who provide Specially Designed Instruction and related services. Special education, defined in WAC 392-172A-01175, must be designed and supervised by qualified special education and related services personnel pursuant to WAC 392-172A-02090.

CERTIFIED SPECIAL EDUCATION PERSONNEL

FULL LEGAL NAME	DOB	Washington State Certificate Number*	Date Issued	Expiration	Type of Certificate**	Area/Endorsement of Certificate***

List all other personnel who currently hold a license, certificate, endorsement or registration and please attach a copy of the document.

OTHER ACCREDITED PERSONNEL - ATTACH SUPPORTING DOCUMENTS FOR EACH

FULL LEGAL NAME	DOB	Area (e.g. Mental Health, Physical Therapy)	Credential Number	Expiration

OTHER NON-ACCREDITED PERSONNEL

FULL LEGAL NAME	DOB	Area (e.g. Para Educational, Vocational Support)

*If from another state; provide certificate number, name of state, AND ATTACH SUPPORTING DOCUMENTS FOR EACH CREDENTIAL NUMBER LISTED.

**Initial, temporary, emergency, and continuing.

***Preschool, elementary, secondary, educational staff associate, early childhood special education, and special education.

FIRE INSPECTION

1. This form is provided for your convenience and the convenience of the appropriate fire authorities. It may be used to verify that the nonpublic agency applicant's facility meets minimum fire and life safety standards.* If deficiencies were noted during the inspection, a signed copy of the deficiency correction notice must also be attached.
2. If the nonpublic agency applicant currently is approved as a private school by the SBE or is licensed by the Department of Health or Department of Social and Health Services (e.g., child care center, residential treatment facility, hospital, etc.) and such approval/license requires compliance with fire and life safety codes, then a copy of such approval/license will be submitted with the application.

NONPUBLIC AGENCY APPLICANT NAME	CHIEF ADMINISTRATOR
LOCATION/SITE ADDRESS	MAILING ADDRESS
TELEPHONE NUMBER	FAX NUMBER

INSPECTOR VERIFICATION

If the nonpublic agency applicant has multiple sites, each site must be inspected.

The below named facility is in compliance with and meets the minimum fire and life safety standards adopted by the state of Washington as outlined in RCW 19.27.

SIGNATURE	DATE	TITLE
TYPED/PRINTED NAME	FIRE DISTRICT	NEXT INSPECTION DUE

* If your agency service location is in an area of Washington that does not have access to local fire authority personnel, you may contact the Washington State Fire Marshall's Office to arrange for a facility fire inspection at (360) 596-3900.

HEALTH/SAFETY INSPECTION

This form is provided for your convenience and the convenience of the local health department staff. The form may be used to verify that the nonpublic agency applicant facility meets reasonable standards of local health and safety ordinances. A letter or form from the appropriate health department official indicating compliance with health regulations may be submitted instead of this form. If deficiencies were noted during the inspection, then a signed copy of the deficiency correction must also be attached.

If your nonpublic agency applicant currently is approved as a private school by the SBE or is licensed by the Department of Health or Department of Social and Health Services (e.g., child care center, group care facility, hospital, etc.) and such approval/license requires compliance to health and safety codes, then a copy of such approval/license may be submitted with the application in lieu of this health inspection form.

NONPUBLIC AGENCY APPLICANT NAME	CHIEF ADMINISTRATOR	
LOCATION/SITE ADDRESS	MAILING ADDRESS	
If the nonpublic agency applicant has multiple sites, <u>each</u> site where a contracted special education student will receive service shall be properly inspected.	TELEPHONE NUMBER	FAX NUMBER
<p>If the nonpublic agency applicant has multiple sites, <u>each</u> site where services will be delivered to the student(s) via the contract with the school district shall be inspected.</p> <p style="text-align: center;">INSPECTOR VERIFICATION</p> <p>On the basis of applicable health regulations, I certify that the facility identified above has been inspected by the local health and safety authority. The facility has been found to meet the minimum health and safety requirements as set forth by the state. (WAC 246-215)</p>		
SIGNATURE	DATE	TITLE
TYPED/PRINTED NAME	HEALTH DISTRICT	NEXT INSPECTION DUE

To locate local health department personnel to provide an inspection call the State Department of Health at (360) 236-3385.

**ON-SITE VISIT CHECKLIST
(ALL CHECKLIST ITEMS MUST BE VISUALLY VERIFIED)**

NonPublic Agency Applicant: _____

Site Name (if multiple sites): _____

Sponsoring School District: _____ Date of Site Visit: _____

Site Visit Conducted by: (print name) _____ (signature) _____

I. NPA applicant is in good fiscal standing.

INDICATOR	VERIFIED BY DISTRICT	<u>IF UNABLE TO VERIFY</u>, must give reasons. Additional comments should also be included to assist in determination for approval/disapproval.
<p><u>Required for Initial Application</u></p> <p>A. Evidence that the applicant has fiscal controls and practices in place to ensure that funds will be used for the specified purposes.</p> <p><u>Required for 3 Year Renewal:</u></p> <p>A. Evidence of external independent audit completed within last three years which meets generally accepted accounting practices. <u>If there are audit findings</u>, documentation of satisfactory resolution of audit findings is on file.</p> <p>B. Evidence that contract funds support specific student placement(s).</p> <p>C. The NPA has current contract(s) with school district(s) for students placed in the NPA.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

II. NPA applicant's physical facility is safe and healthy for children/youth.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<u>Required for initial Applications and 3 year renewals</u>		
A. Documentation of a successful fire inspection. <u>If no</u> , a plan is in place to remedy findings with timelines.	Yes <input type="checkbox"/> No <input type="checkbox"/> (Attach plan/timeline for addressing findings if no.)	
B. Documentation of a successful health and safety inspection. <u>If no</u> , a plan is in place to remedy findings with timelines.	Yes <input type="checkbox"/> No <input type="checkbox"/> (Attach plan/timeline for addressing findings.)	

III. NPA applicant is free of religious influence and practices.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<u>Required for initial Applications and 3 year renewals</u>		
No evidence or reflection of religious control or influence in purpose, governance, or daily operations.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

IV. NPA applicant safeguards confidentiality of students receiving special education services.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<u>Required for initial Applications and 3 year renewals</u>		
A. Evidence of written policies pertaining to student records.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
B. Student records stored in secure cabinets.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

(continued on next page)

IV. NPA applicant safeguards confidentiality of students receiving special education services *(continued)*.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
C. Any duplicate files are stored securely to maintain confidentiality.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Security measures in place for computerized files.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

V. NPA applicant has written program policies and procedures in place.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<p><u>Required for initial Applications and 3 year renewals</u></p> <p>A. Evidence of current written policies and procedures regarding special education and related services.</p> <p>OR</p> <p>Evidence of adoption of LEA policy and procedures.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

VI. NPA applicant employs qualified staff.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<p><u>Required for initial Applications and 3 year renewals</u></p> <p>A. <u>In State Facilities:</u></p> <ul style="list-style-type: none"> • Evidence of current Washington State certificates/endorsements and credentials as appropriate to staff assignment. <p>OR</p> <ul style="list-style-type: none"> • Evidence of an appropriately credentialed individual supervising non-certified/non-endorsed staff. <p>B. <u>Out of State Facilities:</u></p> <ul style="list-style-type: none"> • Evidence of current state credentials, as appropriate to staff assignments. Please attach copies of certificates. <p>OR</p> <ul style="list-style-type: none"> • Evidence of an appropriately credentialed individual supervising non-certified/non-endorsed staff. 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (EXPLAIN)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (EXPLAIN)</p>	
<p>C. Evidence that non-certificated staff meet standards in 392-172A-02090 or standards within their respective state.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> (EXPLAIN)</p>	
<p>D. Evidence of state patrol background checks and FBI fingerprint checks completed and cleared on <u>all</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> certificated staff <input type="checkbox"/> non-certificated staff <input type="checkbox"/> volunteers who have unsupervised contact with students. <p><u>Out of State:</u> Must meet the same standard as Washington State.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Appendix B
(Annual Review Form)

ANNUAL REVIEW

The Office of Superintendent of Public Instruction (OSPI) grants approval to nonpublic agencies from a one to three-year period. In the interim, approved NPAs are required to submit an annual review for each approved site. Completion and submission of this form (with a current *Special Education Personnel Record* (Page A-5) on an annual basis fulfills this requirement. **Failure to submit the annual review form to the district(s) and OSPI by May 1 may result in removal of the nonpublic agency applicant from the list of approved NPAs in good standing. (Use additional pages if needed.)**

Agency Name: _____

Site Name (if multiple sites, you must complete an annual review for each site): _____

Program Changes

List any changes in the following areas since OSPI approved your school/agency (add additional pages if necessary):

Facility: _____

Population served: _____

Staff Changes (name and assignment of teacher or related personnel): _____

Administration: _____

Policies and procedures: _____

Service delivery: _____

Number of Washington school district-contracted students currently enrolled: _____

Please list ALL Washington school districts with whom you currently contract with to provide special education services and the number of contracts with the school district. (If there are multiple sites, list only district students served at that site.)

District: _____ Number of Students: _____ District: _____ Number of Students: _____

District: _____ Number of Students: _____ District: _____ Number of Students: _____

District: _____ Number of Students: _____ District: _____ Number of Students: _____

Age:

**Please do not report on children aged birth – 2.*

Total number of students served:

Total number of students served through contracts with Washington School Districts to provide FAPE:

3-5	6-12	13-17	18-21

CERTIFICATION

In providing this update I certify that I have reviewed all components of the initial application, provided information on all changes, and assure that this program will continue to be conducted in such a manner conforming to all requirements for nonpublic agencies, including the assurances provided with the initial application.

AUTHORIZED SIGNATURE

DATE

TITLE

TELEPHONE NUMBER

SPECIAL EDUCATION PERSONNEL RECORD

List all personnel who provide Specially Designed Instruction and related services. Special education, defined in WAC 392-172A-01175, must be designed and supervised by qualified special education and related services personnel pursuant to WAC 392-172A-02090.

CERTIFIED SPECIAL EDUCATION PERSONNEL

FULL LEGAL NAME	DOB	Washington State Certificate Number*	Date Issued	Expiration	Type of Certificate**	Area/Endorsement of Certificate***

List all other personnel who currently hold a license, certificate, endorsement or registration and please attach a copy of the document..

OTHER ACCREDITED PERSONNEL - ATTACH SUPPORTING DOCUMENTS FOR EACH

FULL LEGAL NAME	DOB	Area (e.g. Mental Health, Physical Therapy)	Credential Number	Expiration

OTHER NON-ACCREDITED PERSONNEL

FULL LEGAL NAME	DOB	Area (e.g. Para Educational, Vocational Support)

*If from another state; provide certificate number, name of state, AND ATTACH SUPPORTING DOCUMENTS FOR EACH CREDENTIAL NUMBER LISTED.

**Initial, temporary, emergency, and continuing.

***Preschool, elementary, secondary, educational staff associate, early childhood special education, and special education.

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Download this material in PDF at <http://www.k12.wa.us/SpecialEd/NonpublicAgency.aspx>. This material is available in alternative format upon request. Contact the Resource Center at (888) 595-3276, TTY (360) 664-3631. Please refer to this document number for quicker service: **14-0027**.

For more information about the contents of this document, please contact: Pamela McPartland, OSPI. E-mail: Pamela.McPartland@k12.wa.us. Phone: (360) 725-6075.



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