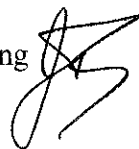


DEPARTMENT OF SPECIAL SERVICES  
Township of Union Public Schools  
M-E-M-O-R-A-N-D-U-M

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TO: Pat Ditri  
FROM: Joseph T. Seugling   
RE: Board Agenda  
DATE: 08-10-2012

The committee recommends and I so move that the board approve the establishment of In-class replacement programs listed below at Union Senior High School effective September 6, 2012 in accordance with the information in the hands of each board member.

EN401I	ICR	3	ESTABLISH
MA100I	ICR	7	ESTABLISH
MA310I	ICR	1	ESTABLISH
MA340I	ICR	1	ESTABLISH
SC313I	ICR	1	ESTABLISH
SC322I	ICR	1	ESTABLISH
SC342I	ICR	2	ESTABLISH

Union Senior High School  
(In-Class, Replacement/Support)

1. The students IEPs will be reflective of the program placements. Their goals and objectives will be addressed in a less restrictive environment with proper supports and related services by providing the establishment of in-class replacement/support programs in Union Senior High School. Therefore, there are no unmet student needs.

2.
  - a. The age range in Union Senior High School is as follows: 16 sections of students aged 15-19 years of age, for a single subject content area per period, which may include English, Mathematics, Science, or Social Studies. Up to 10 special education students will be included per section

EN401I	ICR	3	ESTABLISH
MA100I	ICR	7	ESTABLISH
MA310I	ICR	1	ESTABLISH
MA340I	ICR	1	ESTABLISH
SC313I	ICR	1	ESTABLISH
SC322I	ICR	1	ESTABLISH
SC342I	ICR	2	ESTABLISH

- b. The Core Curriculum Content Standards are addressed through instruction with the district adopted curriculum.
- c. Establishment of these classes allows students to remain in programs that are least restrictive in district.
- d. This class, per students' IEPs, will provide the opportunity for students to interact with non-disabled peers because there are general education students in the classrooms.
- e. One certified special education teacher is needed per class.

**New Jersey State Department of Education  
Union County Office of Education**

**Request to Establish or Eliminate a Special Education Program or Service**

Complete **both** sides of this form and send to the county office of education for review and approval

District: Township of Union School: Union Senior High School Date: 8/10/2012

**Check One:**     Establish a Program/Service         Eliminate a Program/Service

**Check Type of Program:**

**Preschool/Elementary Resource Program:**

- Pull/out, support
- Pull/out, replacement
- In-class, support
- In-class, replacement
- Team Teaching Model

**Secondary Resource Program<sup>1</sup>:**

- Pull/out, support
- Pull/out, replacement
- In-class, support
- In-class, replacement

**Elementary Special Class Program:**

- Auditory Impairments
- Autism
- Behavioral Disabilities
- Cognitive Impairments, mild
- Cognitive Impairments, moderate
- Cognitive Impairments, severe
- Learning/ Language Disabilities, mild/moderate
- Learning/ Language Disabilities, severe
- Multiple Disabilities
- Preschool Disabilities
- Visual Impairments
  
- Extended School Year Program
  
- Other program/service, please specify:

**Secondary Special Class Program<sup>2</sup>:**

- Auditory Impairments
- Autism
- Behavioral Disabilities
- Cognitive Impairments, mild
- Cognitive Impairments, moderate
- Cognitive Impairments, severe
- Learning/ Language Disabilities, mild/moderate
- Learning/ Language Disabilities, severe
- Multiple Disabilities
- Visual Impairments
- Secondary Special Class (taught by regular education teacher)

**Note:** Each newly proposed resource program, special class program and service must be located in a space that has been approved by the County Superintendent of Schools. Forms for substandard use are available in the county office. Facility approval must be obtained before approval of the request to establish a new program can be granted.

<sup>1</sup> Secondary resource programs are located in schools that contain any combination of grades 6 through 12, where the organizational structure is departmentalized for general education students.

<sup>2</sup> Secondary special class programs are located in schools that contain any combination of grades 6 through 12, where the organizational structure is departmentalized for general education students.

**On a separate page, describe your request based on the following corresponding criteria/questions.**

**To Establish a New Program/Service**

1. Document the unmet student needs that will be addressed by the proposed program.
2. Describe the proposed program and explain how it will meet student needs:
  - a. Identify the age range and number of students to be served.
  - b. How will the Core Curriculum Content Standards be addressed?
  - c. How does this program address least restrictive environment?
  - d. What opportunities will be available for interaction with non-disabled peers?
  - e. State the number of professional and paraprofessional staff. For paraprofessional staff submit the locally developed job description and standards for approval (N.J.A.C. 6:11-4.6(c)).

**To Eliminate a Program/Service**

1. Provide a rationale for eliminating the program/service.
2. If the elimination of the special education program/service will result in a change to one or more students' current IEP(s), describe how the students' needs will be met.

\*\*\*\*\*

**I assure that the attached proposal to establish a new program/service is in accordance with New Jersey Administrative Code (N.J.A.C.) 6A:14, Special Education and N.J.A.C. 6A:26, Educational Facilities. (Attach the Board Resolution approving the establishment of the new program.)**

**Board Approval Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
(Chief School Administrator)

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**I assure that any change in a student's program/placement necessitated by eliminating the special education program/service described in the attached proposal will be implemented in accordance with N.J.A.C. 6A:14, Special Education. (Attach the Board Resolution approving the elimination of the program/service.)**

**Board Approval Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
(Chief School Administrator)

Approved _____ Denied _____
Signed: _____ Date _____
(County Supervisor of Child Study)