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

TO: Dr. Gerald Benaquista

C: Ms. Marissa McKenzie
Dr. Jose Rodriguez
Yolanda Koon
Kim Conti
Bernadette Wilson
Diane Cappiello

FROM: Sherri Rouleau SR

RE: Board Agenda

DATE: July 29, 2026

Approve the district's ERI Program is moving from Hannah Caldwell Elementary School to Battlehill Elementary School for the 2026-2027 school year in accordance with the information in the hands of the board member.

New Jersey Department of Education
_____ County Office of Education

Request to Establish a Special Education Program or Service

District Union **School Name** Battle Hill

or

Name of Approved Private School for Students with Disabilities _____

Section 1: Program Type (6A: 14-4.6 and 4.7)

Instructions: Select Program Type and Grade Level Served

Resource Program

Select Grade Level: ☐ *Preschool/Elementary* ☐ *Secondary*

- ☐ In-class Resource
- ☐ Pull-out Resource
- ☐ Supplementary Instruction, in-class
- ☐ Supplementary Instruction, pull-out
  - ☐ Single subject
  - ☐ Multiple subjects
- ☐ Replacement, pull-out

Note: Secondary resource programs are for grades 6-12 where instruction is departmentalized

Special Class Program

Select Grade Level: ☑ *Preschool/Elementary* ☐ *Secondary*

- ☐ Auditory Impairments
- ☐ Autism
- ☐ Intellectual Disability
  - ☐ Mild
  - ☐ Moderate
  - ☐ Severe
- ☑ Emotional Regulation Impairment – Program moving from Hannah Caldwell Elementary to Battle Hill Elementary School
- ☐ Learning/Language Disabilities
  - ☐ Mild/Moderate
  - ☐ Severe
- ☐ Multiple Disabilities
- ☐ Visual Impairment
- ☐ Preschool Disabilities
- ☐ Secondary Special Class Program (see N.J.A.C. 6A:14-4.7(f-g) for program requirements)

Other

- ☐ Extended School Year Program
- ☐ Other program/service, please specify: _____

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Section 2: Description of Change Request

Instructions: Provide responses to all questions below. Response must be submitted as an attachment to this form.

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 New Jersey Student Learning 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).

3. A list of professional staff who will provide the services for the new program. If existing staff are being utilized provide an explanation of the scheduling changes made to accommodate the new program. If new staff are being hired, provide documentation that a criminal history review pursuant to N.J.S.A. 18A:6-7.1 has been completed for each new hire.

Section 3: Facilities Requirements

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.

Will facility approval be required for this additional program?

- ☐ Yes
- ☐ No

New Jersey Department of Education
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Section 4: Statement of Assurance and Board Approval

I assure that any change in a student's program/placement necessitated by establishing the special education program/service described in the attached proposal will be implemented in accordance with N.J.A.C. 6A:14, Special Education.

Board Approval Date: _____ Signed: _____
(Chief School Administrator)

Date Submitted _____

Section 5: Review and Submission

The following items must be submitted with your application. Please check the items that you are submitting with the application.

Submitted	Item
	Section 1: Program Type
	Section 2: Description of Change Request
	Section 3: Facilities Approval
	Signed and dated Statement of Assurance
	Copy of Board Resolution

Return the completed form by email the County Office of Education

For NJDOE Use Only

Approved_____ Denied_____

Signed:_____ Date_____
(County Special Education Specialist)

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