

New Jersey State Department of Education
Union County Office of Education

Request to Establish or Eliminate a Special Education Program or Service

Complete **both** pages of this form and send to the county office of education for review and approval. **It is not necessary to complete this form to continue an existing program, unless the building location of the program is being changed in which case 2 forms are needed (one to eliminate in one building and one to establish in another building.)**

District: Township of Union School: Battle Hill Date: 6/1/15

Check One: Establish a Program/Service

Eliminate a Program/Service

Check Type of Program:

Preschool/Elementary Resource Program:

- Pull-out supplementary
- Pull-out support
- Pull-out replacement
- In-class supplementary
- In-class support
- In-class replacement

Secondary Resource Program¹:

- Pull-out supplementary
- Pull-out support
- Pull-out replacement
- In-class supplementary
- In-class support
- In-class replacement

Elementary Special Class Program: (not K)

- 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

Secondary Special Class Program²:

- 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 general education teacher)

Extended School Year Program

Other program/service, please specify:

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.

¹ 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.

² 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. Please check your forms for accuracy. Errors may result in denial and return for corrections.

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. Indicate whether all IEP's of affected students have been amended with agreement of the student's parent(s).

 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)

 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 _____ Comments _____ Signed: _____ Date _____ (County Supervisor of Child Study)
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To Eliminate a Program/Service

We are requesting that the Self Contained PM Preschool Disabilities class at Battle Hill Elementary School be eliminated. According to students' IEPs, student needs can be appropriately met in another District program.

This program elimination will not result in any change to the IEPs of district students.