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

TO:

Greg Tatum

C:

Julia Vicidomini, Pat Ditri

FROM:

Joseph Seugling §

RE:

Board Agenda

DATE:

2014-07-28

The committee recommends and I so move that the board approve the elimination of the In-Class Replacement Kindergarten Program at Livingston Elementary School, effective September 4, 2014, in accordance with the information in the hands of each board member.

New Jersey State Department of Education Union County Office of Education

Request to Establish or Eliminate a Special Education Program or Service

Complete <u>both</u> pages of this form and send to the county office of education for review and approval. <u>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.)</u>

District:	Township of Union	School: Livingsto	n Eler	nentary School	Date:	7/28/2014
Check One:	Establish a Program/S	Service	⊠ El	iminate a Program/	Service	
Check Type of Program: Preschool/Elementary Resource Program:			Secondary Resource Program ³ :			
	Pull-out supplementary Pull-out support Pull-out replacement In-class supplementary In-class support In-class replacement		Pu Pu In- In- In-	all-out supplementa all-out support all-out replacement class supplementa class support class replacement	: ury	
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	Extended School Year Prop	gram				
	Other program/service, plea	ase specify:				
be lo Fori	e: Each newly proposed ocated in a space that h ms for substandard use sined before approval o	as been approved b are available in the	y the (e coun	County Superint ty office. Facilit	tendent y appro	of Schools. oval must be

Revised 3/2013

³ 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.

⁴ 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

- 3. Document the unmet student needs that will be addressed by the proposed program.
- 4. 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

- 3. Provide a rationale for eliminating the program/service.
- 4. 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)

To Eliminate a Program/Service

We are requesting that the In-Class Replacement Kindergarten Program at Livingston Elementary School be eliminated due to current enrollment.

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