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

TO:

Pat Ditri

FROM:

Jason Killian

RE:

Board Agenda

DATE:

06-06-12

The committee recommends and I so move that the board approve the elimination of one Extended School Year Autism Program at Battle Hill Elementary School effective July 2, 2012 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 both sides of this form and send to the county office of education for review and

approval District: Township of Union School: Battle Hill Elementary School Date: 6/6/2012 Check One: Establish a Program/Service ☐ Eliminate a Program/Service **Check Type of Program:** Secondary Resource Program<sup>1</sup>: Preschool/Elementary Resource Program: Pull/out, support Pull/out, support Pull/out, replacement Pull/out, replacement In-class, support In-class, support In-class, replacement In-class, replacement Team Teaching Model Secondary Special Class Program<sup>2</sup>: **Elementary Special Class Program:** Auditory Impairments **Auditory Impairments** Autism 🛚 Autism Behavioral Disabilities Behavioral Disabilities Cognitive Impairments, mild Cognitive Impairments, mild Cognitive Impairments, moderate Cognitive Impairments, moderate Cognitive Impairments, severe Cognitive Impairments, severe Learning/Language Disabilities Learning/Language Disabilities, mild/moderate mild/moderate Learning/ Language Disabilities, Learning/Language Disabilities, severe severe Multiple Disabilities Multiple Disabilities ☐ Visual Impairments Preschool Disabilities Secondary Special Class (taught by Visual Impairments regular education teacher) Extended School Year Program Other program/service, please specify:

<u>Note:</u> 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.

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<sup>&</sup>lt;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>&</sup>lt;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.) Signed: Board Approval Date: \_\_\_\_\_ (Chief School Administrator) <u>\*</u> 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.) Signed: Board Approval Date: (Chief School Administrator) Approved\_\_\_\_\_ Denied Signed: (County Supervisor of Child Study)

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# To Eliminate a Program/Service

## Battle Hill Elementary School 2012 Extended School Year

We are requesting that one Extended School Year Autism program at Battle Hill Elementary School be eliminated. According to students' IEPs, their needs can be appropriately met in another District program.

This program elimination will not result in any change to any students' IEP.