

Non-Public Agencies (NPAs) are reviewed and approved by the Office of Superintendent of Public Instruction (OSPI), May 1 of each year, for the upcoming school year. NPA status reflects current information received by OSPI.

Approval Pending for 2011-2012

Approval Current through May 1, 2013

AGENCY

Holly Ridge Center

PARENT ORGANIZATION

MAILING ADDRESS

Add 5112 NW Taylor Rd
 Ln2
 City Bremerton
 St WA Zip 98312-

CONTACT INFO

	Title	First Name	Last Name
ADMIN	Ms.	Roxanne	Bryson, Executive Director

	Title	First Name	Last Name
CONTACT	Ms.	Connie	Zapp

Phone (360) 373-2536
 Fax (360) 373-4934
 E-mail czapp@hollyridge.org

SITE ADDRESS (if different)

Add
 Ln2
 City
 St Zip

ORGANIZATIONAL STRUCTURE

Licensed by: Department of Social and Health Services (DSHS)
 Department of Health (DOH)
 Approved as private school by State Board of Education
 Other approval or license

Developmental Center Day School
 Preschool/child care Hospital
 Vocational Training Center Residential
 Other: Neurodevelopmental Center

ELIGIBLE WASHINGTON STATE SPECIAL EDUCATIONAL CHILDREN/YOUTH SERVED

Ages: 3-5 6-12 13-17 18-21
 WA students w/disabilities served
 Total students served

AGENCY PROGRAM SERVICES

- | | |
|--|--|
| <input type="checkbox"/> Art Therapy | <input checked="" type="checkbox"/> Parent counseling and training |
| <input type="checkbox"/> Audiology | <input checked="" type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Adaptive physical education | <input checked="" type="checkbox"/> Psychological services |
| <input checked="" type="checkbox"/> Assistive/adaptive technology | <input type="checkbox"/> Respite Care |
| <input checked="" type="checkbox"/> Behavioral management | <input checked="" type="checkbox"/> Self help/life skills |
| <input checked="" type="checkbox"/> Bilingual/ESL services | <input type="checkbox"/> Student counseling |
| <input type="checkbox"/> Child care | <input checked="" type="checkbox"/> Social Work |
| <input checked="" type="checkbox"/> Hard of hearing/deaf education | <input checked="" type="checkbox"/> Speech/language therapy |
| <input type="checkbox"/> Leisure education | <input type="checkbox"/> Therapeutic foster care |
| <input checked="" type="checkbox"/> Medical/health services | <input type="checkbox"/> Therapeutic recreation |
| <input checked="" type="checkbox"/> Mental health services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Vision Services |
| <input type="checkbox"/> Music Therapy | <input type="checkbox"/> Vocational/assessment |
| <input type="checkbox"/> Orientation and mobility | <input type="checkbox"/> Vocational/career training |
| <input checked="" type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Vocational/transitional services |

ANNUAL REVIEW DATA:

TOTAL number of Washington School district-contracted students currently enrolled:

POPULATIONS SERVED

- Autism
- Communication disordered
- Deaf/Blindness
- Deafness
- Developmentally delayed
- Emotionally/behaviorally disabled
- Health impaired
- Hearing impairment
- Mental Retardation
- Multiple disabilities
- Orthopedically impaired
- Specific learning disability
- Traumatic brain injury
- Visually impaired/blindness

Other: Feeding group, feeding evaluation team, Autism specific services

COMMENTS

APPLICATION DATE INFORMATION

Orig. App Date 04/11/2011
 Initial Approval
 Annual Review 1 Due: 05/01/2012
 Annual Review 2 Due: 05/01/2013
 Renewal Application Due: 05/01/2014