

*Special Education
...a service, not a place.*

Non-Public Agency Application



Randy I. Dorn
State Superintendent of
Public Instruction

February 2011

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Title IX/Section 504 Coordinator:
Equity and Civil Rights Director
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Olympia, WA 98504-7200
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Non-Public Agency Application

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Non-Public Agency Application, Annual Review, and Renewal

WAC 392-172A-04080 through 04110

OVERVIEW

Public schools are required to provide a free appropriate public education (FAPE) to eligible special education students, aged 3–21. If a student’s special education and related services cannot be provided within a given district, the district may contract with an approved Non-Public Agency (NPA) to provide a FAPE in accordance with the Individuals with Disabilities Education Act (IDEA).

When a school district contracts with an NPA, the NPA must adhere to federal and state laws that apply to school districts. School districts are not permitted to allocate IDEA, Part B funds, **or state special education funds** to an NPA for the provision of special education services until the Special Education section of the Office of Superintendent of Public Instruction (OSPI) approves the agency, or an administrative law judge or court has ordered the placement. OSPI’s approval validates that the NPA has the ability to provide special education services.

Approved NPAs provide education and related services as specified through a contract with the school district. School districts retain responsibility for ensuring the NPA complies with the terms of the contract and for all relevant federal and state laws. School districts are required to ensure that each student receives all services specified on the Individualized Education Program (IEP) regardless of who provides the services.

The NPA must notify any school district with which it contracts and OSPI of any major program changes that occur, any major program changes that may affect their ability to contract, and any complaints it receives regarding services to students. Any NPA that is unable to continue to provide services in accordance with state special education regulations is subject to removal from the state approved list. In the event that they are removed, an NPA may be reinstated after completing the full NPA application, including the site visit and a recommendation from the contracting district.

AUTHORITY

Federal law requires states to have a process for approving NPAs that will be providing special education and related services to students placed by school districts. 34 CFR § 300.146. OSPI’s NPA approval process is outlined in WAC 392-172A-04080 through 04110.

WAC 392-172A-04090 Approval of Non-Public Agencies

- A school district shall not award a contract to an NPA to provide special education services to a special education student until OSPI approves the NPA.¹
- The school district shall notify the Special Education Section of OSPI, in writing, of its intent to serve a student through a contract with an NPA.
- The OSPI Special Education Section shall provide the school district and the NPA with the procedures and application for NPA approval. The application includes a description of the agency and the services it provides, assurances, a special education personnel record, fire and health inspection forms, and an on-site visitation checklist. An official of the school district submitting the NPA for approval will conduct an on-site visit of the NPA as part of the application process.
- The completed NPA application is sent to the district by the proposed NPA. The district reviews the application and *when complete*, forwards the application, with a recommendation for approval or disapproval, to OSPI.
- Upon review of the completed application, which includes the results of the on-site visit, the OSPI Special Education Section may conduct an independent on-site visit, if appropriate, and will approve or disapprove the application.

The OSPI Special Education Section makes information regarding currently approved NPAs available to all school districts. When selecting an approved NPA for placement, school districts must still ensure that a particular NPA is able to provide the services required to meet the unique needs of any student to be served by the NPA.

SPECIAL CONSIDERATIONS

- If located in the state of Washington, the NPA must also be approved as a private school by the State Board of Education (SBE); or if located in a hospital or treatment facility, the NPA will assure that the educational component of the facility has staff meeting certification requirements developed by the professional educators standards board, and has at least one certificated teacher with a special education endorsement on staff.
- If an NPA has more than one site, it must complete an application for **each** site that will provide special education services.

¹ If the placement for a student is ordered by an administrative law judge or court, the school district will notify OSPI of the order. The private agency serving the student is not required to go through the approval process for the ordered placement. However if other districts intend to contract with the private agency, it will have to go through the approval process in order to be included on the list of approved placements.

- Out-of-state applicants are given reciprocity when approved by the state education agency of the state in which the NPA is located.
 - Documentation of the approval shall be provided to OSPI.
 - If the NPA has not been approved by the home state, it will explain why it is unable to go through the process, or the grounds for disapproval.
 - In the event the other state does not have a formal approval process, or there is a basis for the applicant not obtaining approval from the other state, the applicant shall meet the requirements for approval in Washington State under the provisions of WAC 392-172A-04080-04105.

- NPA applicants subject to sectarian or religious control or influence **are not eligible** for approval. The Washington State Constitution requires that all schools maintained or supported wholly, or in part, by public funds shall be forever free from sectarian control or influence (Washington State Constitution, Article 9, Section 4).

- Once approved, it is the responsibility of the NPA to notify affected school districts and OSPI of any major program changes, any conditions that would affect their ability to continue to provide contracted services to students eligible for special education, and/or any complaints it receives regarding services to students.

- OSPI may suspend, revoke or refuse to renew its approval of an NPA if it fails to maintain the approval standards, violates the rights of students eligible for special education, or refuses to implement any corrective actions ordered by OSPI.

INITIAL AND RENEWAL APPLICATION PROCESS

Sequence	Responsible Agency	Task
1	School District	The school district provides OSPI Special Education Section a letter of intent to contract with an agency that is not currently an approved NPA.
2	NPA Applicant	The NPA applicant obtains application online at http://www.k12.wa.us/SpecialEd/NonPublicAgency.aspx or by contacting the school district or OSPI.
3	NPA Applicant	The NPA applicant submits a completed application and all documentation to the school district initiating the approval process.
4	School District	The school district reviews the application and conducts an on-site review/inspection using the On-Site Checklist (Pages A-8 thru A-11).
5	School District	The school district forwards the completed application, with all required documentation, and the district's recommendation (Page A-2).
6	OSPI	OSPI reviews the application and provides a written letter of approval/disapproval to the agency and school district. If approved, the letter will indicate the length of approval and information about renewal.
7	OSPI	OSPI Special Education Section updates NPA information on the website at http://www.k12.wa.us/SpecialEd/NonPublicAgency.aspx

POST INITIAL APPROVAL PROCESS

School District	The school district develops a written contract with the NPA. WAC 392-172A-04085 contains a list of required elements.
NPA To be completed prior to May 1 deadline	NPAs submit an annual review form (Appendix B of the application) <u>each</u> year by May 1, to ALL contracting school districts and the OSPI Special Education Section to maintain approved status. Note: For NPAs approved between January 1 and May 1, the first annual review will be required by May 1 of the following calendar year.
All Parties To be completed prior to May 1 deadline	NPAs must re-apply for approval every three years or sooner depending on the NPA's approval period. The application is submitted to the sponsoring school district well in advance of the May 1 deadline in order to leave ample time for site visit scheduling. Districts submit completed applications, including a recommendation regarding approval to OSPI no later than May 1 of the expiration year.

ANNUAL REVIEW REQUIREMENT

All NPAs must complete and submit an annual review form no later than May 1 of the calendar year following their approval to all school district(s) with which they currently hold contract(s) **AND** to OSPI at the following address:

OSPI – Special Education
P.O. Box 47200
Olympia, Washington 98504-7200

The annual review must include a signed statement outlining any changes in personnel, the facility, or program services **AND** a current *Special Education Personnel Record (A-5)*. Annual review forms are included in the application packet at Appendix B. Districts should review the annual review form to ensure that the NPA has adequate staff to provide services to students placed at the NPA. Districts should also notify OSPI if there is information in the annual review that could affect the NPA's ability to provide services to students. The NPA will be notified in writing of its NPA status annually by OSPI.

If issues with an NPA regarding non-compliance with state or federal law arise, at any time, the NPA is required to notify school districts with whom it contracts and OSPI Special Education Section. Districts should also notify OSPI of any concerns arising at any time throughout the year. After receiving and reviewing the concern, OSPI Special Education Section will inform the NPA and the district of any steps to be taken to determine the appropriateness of the NPA's continued approval status.

RENEWAL APPLICATION PROCESS

Prior to expiration of the approval period, the agency must reapply. This renewal process is identical to the initial application. The application shall be submitted to the school district with which it currently holds a contract **well in advance of May 1** of the year in which the approval period expires. This is because the completed application, including site visits and all applicable documentation must be submitted by the district to OSPI no later than May 1 of the year in which the approval period expires.

In the event that more than one district holds a contract with an NPA, the responsibility for processing the renewal application lies with the district in which the NPA resides. If that district does not have a contract with the NPA, the district that holds a contract and is in closest geographic proximity to the NPA will be responsible for the renewal application. For out-of-state NPAs who have contracts with more than one district, OSPI will assist in determining which district shall be responsible to review and complete the renewal application.

If, during the renewal application process, it is determined that an agency no longer serves Washington State students, the NPA status will be revoked. The agency may reapply when OSPI receives a district letter of intent to contract with the NPA.

An NPA that fails to submit a signed annual review statement or to complete the renewal process by the May 1 deadline will not be considered "in good standing." As a result, the NPA status will be reviewed and the NPA may be removed from the OSPI approved list.

Appendix A
(Initial & Renewal Application)



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Special Education
 Old Capitol Building
 PO BOX 47200
 Olympia WA 98504-7200
 (360) 725-6075 TTY (360) 586-0126

NON-PUBLIC AGENCY APPLICATION For Programs Serving Students Eligible for Special Education

- Initial Application Renewal Application
Renewal applications are due by May 1 to OSPI

Information from this form is posted on the OSPI website (www.k12.wa.us/specialed).

GENERAL INFORMATION

NPA APPLICANT NAME		CHIEF ADMINISTRATOR	
CONTACT PERSON		ADMIN ADDRESS	
TELEPHONE NUMBER	FAX NUMBER	TITLE/ROLE	EMAIL ADDRESS
SITE ADDRESS – IF DIFFERENT		TELEPHONE NUMBER	FAX NUMBER
CONTACT E-MAIL ADDRESS		PARENT ORGANIZATION – IF ANY	

- Licensed by: _____ Department of Social and Health Services
 (attach copy _____ Department of Health
 of current
 license)

- Approved as private school by State Board of Education
 Other approval or license (attach copy of current license/approval)

Note: Office of Superintendent of Public Instruction approval of an NPA does not guarantee that the NPA will receive contracts for service from a local school district.

Check all that apply:

- Day school
 Developmental center
 Hospital
 Preschool/child care
 Residential
 Vocational training center
 Other _____

AREAS OF DISABILITIES SERVED

Check all areas of disabilities served that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Health impaired | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Communication disorder | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Visually impaired/blindness |
| <input type="checkbox"/> Deaf/blindness | <input type="checkbox"/> Mental retardation | |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Multiple disabilities | |
| <input type="checkbox"/> Developmentally delayed | <input type="checkbox"/> Orthopedically impaired | |
| <input type="checkbox"/> Emotionally/behaviorally disabled | <input type="checkbox"/> Specific learning disability | |

AGENCY PROGRAM SERVICES

Check all that apply:

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

OTHER PROGRAM/SERVICE CHARACTERISTICS

Describe other program/service characteristics not covered above.

FOR RENEWALS ONLY

Ages:

**Number of Washington State children/youth currently enrolled in the agency by age.

*Please do not report on children birth – age 2.	3-5	6-12	13-17	18-21
Washington Students**				
Total students served				

DO NOT ALTER FORM IN ANY WAY

List **ALL Washington** school districts whose students you currently provide special education services.

RECOMMENDATION

I have reviewed the application, completed a site visit, certified the accuracy of the information, and recommend

_____ (School/Agency name)

- Meets the requirement for NPA approval.
 Does not meet the requirement for NPA approval (complete comment section below).

_____	_____	
SCHOOL DISTRICT NAME	TYPE/PRINT NAME	
_____	_____	_____
TITLE/ROLE	DISTRICT REP SIGNATURE	DATE
_____	_____	
OSPI SPECIAL EDUCATION DESIGNEE	DATE	

School District Comments:

ASSURANCES

1. The NPA applicant assures that it has financial safeguards in place to track revenues and expenditures associated with contracted placements to ensure that they are used for the students for whom they are contracted. The applicant further assures that it will obtain a financial audit from an independent accredited accountant **within one year of approval** as an NPA, and will provide a copy of the audit to any contracting school districts. The audit will address the agency's allocation methods in order to show that revenues provided by districts are being used to benefit the students for whom they are contracted. The NPA assures that it will obtain an independent audit at least every three years thereafter. The Office of Superintendent of Public Instruction (OSPI) reserves the right to request an audit at anytime should the need arise during the agency's tenure as an NPA.
2. The agency is free from sectarian control or influence. No public funds shall be used to benefit any church or religious school or to support any religious instruction, religious worship or religious practice. (Article 9, Section 4 Washington State Constitution)
3. Services are provided in facilities that meet Americans with Disabilities Act (ADA) standards for public access and have successfully passed a current and official local health, safety and fire inspection (forms attached). All facilities and sites are safe and secure for students and conducive to learning.
4. The NPA will coordinate with the contracting school district(s) to initiate and convene IEP team meetings. Changes to IEPs must follow procedures for IEP revisions or amendments and in accordance with its contract(s) with school districts and with WAC 392-172A-04085.
5. The NPA will coordinate with the contracting school district for any needed re-evaluations in accordance with re-evaluation procedures (WAC 392-172A-03010 through 03080), with its contract(s) with school districts, and WAC 392-172A-04085.
6. The NPA will employ or contract with certificated staff including special education and/or related services staff and non-certificated staff that meet personnel standards described in WAC 392-172A-02090.
7. Each certificated and non-certificated employee and volunteer, prior to initiation of service, shall have completed and cleared a State Patrol and FBI fingerprint check prior to unsupervised contact with students and pursuant to applicable statutes.
8. The NPA applicant shall maintain written policies and procedures regarding service provision and hiring practices in accordance with applicable federal and state requirements, e.g., nondiscrimination, procedural safeguard notification, convening of IEP meetings, need for IEP changes, need for coordination of student re-evaluations.
9. The confidentiality of student education records shall be maintained in accordance with the Family Educational Rights and Privacy Act (FERPA). (34 CFR, Part 99 and WAC 392-172A-05225)
10. The NPA shall notify the contracting school district(s) and OSPI of any written complaint(s) related to service delivery regarding the student for whom they have contracted services.
11. The NPA will notify the contracting school district and OSPI of any changes that would affect the NPA's ability to continue to provide services to students eligible for special education.
12. NPA policies and procedures are accessible to parents/guardians of children who receive services from the approved NPA.
13. The NPA will provide the contracted school district(s) with all educational records maintained by the NPA on behalf of a contracted student.

ASSURANCES (cont.)

I do hereby certify that I am the principal or chief administrator of the named NPA applicant and that said applicant is located at the address given.

Furthermore, I certify that I have read and understand each statement above, and assure that this program will be conducted in a manner that conforms to the assurances, to the requirements under IDEA and to the contract with the district(s).

AUTHORIZED SIGNATURE

DATE

TITLE

TELEPHONE NUMBER

SPECIAL EDUCATION PERSONNEL RECORD

List all certificated personnel who provide Specially Designed Instruction and related services. Special education, defined in WAC 392-172A-01175, must be designed and supervised by qualified special education and related services personnel pursuant to WAC 392-172A-02090.

CERTIFIED SPECIAL EDUCATION PERSONNEL

FULL LEGAL NAME	DOB	Washington State Certificate Number*	Date Issued	Expiration	Type of Certificate**	Area/Endorsement of Certificate***

List all other personnel who currently hold a license, certificate, endorsement or registration and please attach a copy of the document.

OTHER ACCREDITED PERSONNEL - ATTACH SUPPORTING DOCUMENTS FOR EACH

FULL LEGAL NAME	DOB	Area (i.e. Mental Health, Physical Therapy)	Credential Number	Expiration

* If from another state; provide certificate number, name of state, AND ATTACH SUPPORTING DOCUMENTS FOR EACH CREDENTIAL NUMBER LISTED.

** Initial, temporary, emergency, and continuing.

*** Preschool, elementary, secondary, educational staff associate, early childhood special education, and special education.

FIRE INSPECTION

1. This form is provided for your convenience and the convenience of the appropriate fire authorities. It may be used to verify that the non-public agency applicant's facility meets minimum fire and life safety standards.* If deficiencies were noted during the inspection, a signed copy of the deficiency correction notice must also be attached.

2. If the non-public agency applicant currently is approved as a private school by the SBE or is licensed by the Department of Health or Department of Social and Health Services (e.g., child care center, residential treatment facility, hospital, etc.) and such approval/license requires compliance with fire and life safety codes, then a copy of such approval/license will be submitted with the application.

NON-PUBLIC AGENCY APPLICANT NAME	CHIEF ADMINISTRATOR
LOCATION/SITE ADDRESS	MAILING ADDRESS
TELEPHONE NUMBER	FAX NUMBER

INSPECTOR VERIFICATION

If the non-public agency applicant has multiple sites, each site must be inspected.

The below named facility is in compliance with and meets the minimum fire and life safety standards adopted by the state of Washington as outlined in RCW 19.27.

SIGNATURE	DATE	TITLE
TYPED/PRINTED NAME	FIRE DISTRICT	NEXT INSPECTION DUE

* If your agency service location is in an area of Washington that does not have access to local fire authority personnel, you may contact the Washington State Fire Marshall's Office to arrange for a facility fire inspection at (360) 753-0400.

HEALTH/SAFETY INSPECTION

This form is provided for your convenience and the convenience of the local health department staff. The form may be used to verify that the non-public agency applicant facility meets reasonable standards of local health and safety ordinances. A letter or form from the appropriate health department official indicating compliance with health regulations may be submitted instead of this form. If deficiencies were noted during the inspection, then a signed copy of the deficiency correction must also be attached.

If your non-public agency applicant currently is approved as a private school by the SBE or is licensed by the Department of Health or Department of Social and Health Services (e.g., child care center, group care facility, hospital, etc.) and such approval/license requires compliance to health and safety codes, then a copy of such approval/license may be submitted with the application in lieu of this health inspection form.

NON-PUBLIC AGENCY APPLICANT NAME	CHIEF ADMINISTRATOR	
LOCATION/SITE ADDRESS	MAILING ADDRESS	
If the non-public agency applicant has multiple sites, <u>each</u> site where a contracted special education student will receive service shall be properly inspected.	TELEPHONE NUMBER	FAX NUMBER

If the non-public agency applicant has multiple sites, each site where services will be delivered to the student (or students) via the contract with the school district shall be inspected.

INSPECTOR VERIFICATION

On the basis of applicable health regulations, I certify that the facility identified above has been inspected by the local health and safety authority. The facility has been found to meet the minimum health and safety requirements as set forth by the state. (WAC 246-215)

SIGNATURE	DATE	TITLE	
TYPED/PRINTED NAME	HEALTH DISTRICT	NEXT INSPECTION DUE	

To locate local health department personnel to provide an inspection call the State Department of Health at (360)-236-3385.

**ON-SITE VISIT CHECKLIST
(ALL CHECKLIST ITEMS MUST BE VISUALLY VERIFIED)**

Non-Public Agency Applicant: _____

Site Name (if multiple sites): _____

Sponsoring School District: _____ Date of Site Visit: _____

Site Visit Conducted by: (print name) _____ (signature) _____

I. NPA applicant is in good fiscal standing.

INDICATOR	VERIFIED BY DISTRICT	<u>IF UNABLE TO VERIFY</u>, must give reasons. Additional comments should also be included to assist in determination for approval/disapproval.
<u>Required for Initial Application</u>		
A. Evidence that the applicant has fiscal controls and practices in place to ensure that funds will be used for the specified purposes.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Required for 3 Year Renewal:</u>		
A. Evidence of external independent audit completed within last three years which meets generally accepted accounting practices. <u>If there are audit findings</u> , documentation of satisfactory resolution of audit findings is on file.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
B. Evidence that contract funds support specific student placement(s).	Yes <input type="checkbox"/> No <input type="checkbox"/>	
C. The NPA has current contract(s) with school district(s) for students placed in the NPA.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

II. NPA applicant's physical facility is safe and healthy for children/youth.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<u>Required for initial Applications and 3 year renewals</u>		
A. Documentation of a successful fire inspection. <u>If no</u> , a plan is in place to remedy findings with timelines.	Yes <input type="checkbox"/> No <input type="checkbox"/> (Attach plan/timeline for addressing findings if no.)	
B. Documentation of a successful health and safety inspection. <u>If no</u> , a plan is in place to remedy findings with timelines.	Yes <input type="checkbox"/> No <input type="checkbox"/> (Attach plan/timeline for addressing findings.)	

III. NPA applicant is free of religious influence and practices.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<u>Required for initial Applications and 3 year renewals</u>		
No evidence or reflection of religious control or influence in purpose, governance or daily operations.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

IV. NPA applicant safeguards confidentiality of students receiving special education services.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<u>Required for initial Applications and 3 year renewals</u>		
A. Evidence of written policies pertaining to student records.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
B. Student records stored in secure cabinets.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

C. Any duplicate files are stored securely to maintain confidentiality.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Security measures in place for computerized files.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

V. NPA applicant has written program policies and procedures in place.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<u>Required for initial Applications and 3 year renewals</u> A. Evidence of current written policies and procedures regarding special education and related services. OR Evidence of adoption of LEA policy and procedures.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

VI. NPA applicant employs qualified staff.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<p><u>Required for initial Applications and 3 year renewals</u></p> <p>A. Evidence of current Washington State certificates/endorsements and credentials as appropriate to staff assignment.</p> <p>OR</p> <p>Evidence of an appropriately credentialed individual supervising non-certified/non-endorsed staff.</p> <p><u>Out of State:</u> Evidence of current state credentials, as appropriate to staff assignments. Please attach copies of certificates.</p> <p>OR</p> <p>Evidence of an appropriately credentialed individual supervising non-certified/non-endorsed staff.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (EXPLAIN)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (EXPLAIN)</p>	
<p>B. Evidence that non-certificated staff meet standards in 392-172A-02090 or standards within their respective state.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> (EXPLAIN)</p>	
<p>C. Evidence of state patrol background checks and FBI fingerprint checks completed and cleared on <u>all</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> certificated staff <input type="checkbox"/> non-certificated staff <input type="checkbox"/> volunteers who have unsupervised contact with students. <p><u>Out of State:</u> Must meet the same standard as Washington State.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Appendix B
(Annual Review Form)

ANNUAL REVIEW

The Office of Superintendent of Public Instruction (OSPI) grants approval to nonpublic agencies from a one to three-year period. In the interim, approved NPAs are required to submit an annual review for each approved site. Completion and submission of this form (with a current *Special Education Personnel Record* (Page A-5) on an annual basis fulfills this requirement. **Failure to submit the annual review form to the district(s) and OSPI by May 1 may result in removal of the non-public agency applicant from the list of approved NPAs in good standing.**

Agency Name: _____ Date of Annual Review: _____

Site Name (if multiple sites): _____

Program Changes

List changes in the following areas since the OSPI approved your school/agency (add additional pages if necessary):

Facility: _____

Population served: _____

Staff (name, assignment (teacher or related personnel), certificate number): _____

Administration: _____

Policies and procedures: _____

Service delivery: _____

Number of Washington school district-contracted students currently enrolled: _____

Please list ALL Washington school districts you currently contract with: _____

ATTACH A CURRENT SPECIAL EDUCATION PERSONNEL RECORD (PAGE A-5) AND SUPPORTING DOCUMENTS

CERTIFICATION

In providing this update I attest that I have reviewed all components of the initial application, provided information on all changes, and assure that this program will continue to be conducted in such a manner conforming to all requirements for nonpublic agencies, including the assurances provided with the initial application.

AUTHORIZED SIGNATURE

DATE

TITLE

TELEPHONE NUMBER

**Office of Superintendent of Public Instruction
Old Capitol Building
P.O. Box 47200
Olympia, WA 98504-7200**

**For more information about the contents
of this document, please contact:
Sheila Ammons, OSPI
E-mail: Sheila.Ammons@k12.wa.us
Phone: (360) 725-6075**

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