

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 nonpublic agency applicant from the list of approved NPAs in good standing. (Use additional pages if needed.)**

Agency Name: _____

Site Name (if multiple sites, you must complete an annual review for each site): _____

Program Changes

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

Facility: _____

Population served: _____

Staff Changes (name and assignment of teacher or related personnel): _____

Administration: _____

Policies and procedures: _____

Service delivery: _____

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

Please list ALL Washington school districts with whom you currently contract with to provide special education services and the number of contracts with the school district. (If there are multiple sites, list only district students served at that site.)

District: _____ Number of Students: _____ District: _____ Number of Students: _____

District: _____ Number of Students: _____ District: _____ Number of Students: _____

District: _____ Number of Students: _____ District: _____ Number of Students: _____

Age:

**Please do not report on children aged birth – 2.*

Total number of students served:

Total number of students served through contracts with Washington School Districts to provide FAPE:

3-5	6-12	13-17	18-21

CERTIFICATION

In providing this update I certify 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

SPECIAL EDUCATION PERSONNEL RECORD

List all 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 (e.g. Mental Health, Physical Therapy)	Credential Number	Expiration

OTHER NON-ACCREDITED PERSONNEL

FULL LEGAL NAME	DOB	Area (e.g. Para Educational, Vocational Support)

*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.