**State Intermediate Educational Unit**

**146 State House Station, Augusta, ME 04333**

 Telephone: (207) 624-6660

 Fax: (207) 624-6661

<http://www.maine.gov/doe/learning/cds>

**Early Childhood Special Education Program**

***\*This is the first step in the program approval process. Once complete you will hear from our contract department\****

|  |  |  |  |
| --- | --- | --- | --- |
| Program Name |  | Date |  |
| Program Administrator |  | Email |  |
| Physical Address |  | Phone |  |
|  |  | Fax |  |
| Mailing Address(if different than above) |  |
| Check one of the following | [ ]  **This is a new program** [ ]  **This is my yearly update-no changes**[ ]  **I am updating program information (tell us more below\*)** |
| Briefly describe what information you are updating. \* | \*Only complete the section(s) that require updated or new information\* |
|  |
| **Legal Status/ Organization**  |
| Name of Corporation |  | Date of incorporation |  |
| Preschool/ Program must be incorporated under the laws of the State of Maine or the United States to receive public funds. **Attach** a copy of legal incorporation documents if not currently on file at the CDS State IEU. |
|  |
| **Program Fiscal Information** |
| Do you bill MaineCare for services referred for by IFSP/IEP? | [ ]  Yes[ ]  No | Section 28 | [ ]  Yes [ ]  No |
|  |  | Section 65 | [ ]  Yes [ ]  No |
| Do you bill private insurance for services referred for by IFSP/IEP? | [ ]  Yes[ ]  No | NPI #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Must include brochure/ handbook information that references usual and customary rates, if rates established.  |
| [ ]  On file  | [ ]  Included |  [ ]  Available electronically at       |
|  |
| **Program Information**  |
| Child Care License Information  | License ID # |  | Capacity |  |
| Describe the programs Inclusion Practices.  |  |
| Describe the Programs Curriculum.  |  |
| Describe the ongoing assessment that occurs for all children in the program. (attach a sample)  |  |
| Describe the Programs Behavior Management Procedures (attach documentation) |  |
| Describe how progress is measured and how data is collected. (attach data collection sample)  |  |
| What accommodations/ modifications are used to support a child’s individual developmental needs? |  |
| Describe supervision procedures for educational technicians? (attach sample documentation template) |  |
| Is the program accredited by a national organization? | [ ]  Yes[ ]  No | If yes, describe? |  |
| Do you currently have QRIS Certificate/ Level? | [ ]  Yes[ ]  No | If yes, what step?  |  |
| Is the program fully accessible?  | [ ]  Yes[ ]  No | If no, explain |  |

Program Name:

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| **Preschool Classroom Profile (one classroom per profile; use additional pages if needed)** |
| Preschool Classroom Name |  | **[ ]**  Regular Early Childhood Education Setting (RECS) | Ratio |  |
|  |  | **[ ]** Special Education Classroom Setting (SECS) | **[ ]**  4:1 | **[ ]** 3:1 | **[ ]**  2:1 | **[ ]** 1:1 |
|  |
| **Preschool Education Session Description** (**indicate the time where educational opportunities are occurring**) |
| Day | **[ ]**  Monday | **[ ]**  Tuesday | **[ ]**  Wednesday | **[ ]**  Thursday | **[ ]**  Friday |
| Time |  |  |  |  |  |
| Describe Classroom.  |  |
| Describe daily classroom schedule (or attach). |  |
|  |
| **Staff Information** (All staff must have certification/ authorization from the Department of Education.)  |
| Lead Teacher |  | Certification |  | Issued |  |
|  |  |  |  | Expires |  |
| Supervisor |  | Certification |  | Issued |  |
|  |  |  |  | Expires |  |
| Educational Administrator |  | Certification |  | Issued |  |
|  |  |  |  | Expires |  |
| **Additional Classroom Staff**  |
| Name | Position | Certification/Authorization | Issued/ Expired | Supervisor | Employee Signature |
|       |       |       |       |       |  |  |
|       |       |       |       |       |  |  |
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| **I hereby attest that appropriate staff and I have read and understand the following and will abide by them to the best of our ability when providing services to children referred to our program.**  |
|  | Lead Teacher Signature | Educational Administrator | Supervisor Signature  |
| Maine Unified Special Education Regulations (MUSER) |  |  |  |
| Individuals with Disabilities Education Act (IDEA) |  |  |  |
| Family Education Rights and Privacy Act (FERPA) |  |  |  |
| Chapter 33 Rule Governing Physical Restraints and Seclusion |  |  |  |

*Attachment I:*

**PROGRAM APPROVAL**

**Education Administrator Amendment**

 **PROGRAM NAME:**

 **Educational Administrator Name:**

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| Education Administrator Requirements:  |
| Certification as a Special Education Administrator (030) or **ALL** of the following:  |
| * One of the listed Certification through the Maine Department of Education
 |
| 035 Assistance Special Education Director | 079 Special Education Consultant | 093 School Psychological Service Provider |
| 282 Teacher of Students with Disabilities  B-5 | 286 Teacher- Severe Impairment | 291 Teacher- Visual Impairments |
| 292 Teacher- Hearing Impairments | 293 Speech and Hearing Clinician |  |
| * Minimum of a Master’s Degree in Special Education or related field
 |
| * Minimum of one year Administrative Experience
 |
| ***If Education Administrator does not meet the above requirements*** ***one of the following requirements MUST be met:***  |
| [ ]  | Education Administrator is enrolled in a Masters Level Degree Program in Special Education or related field and needs less than 9 credit hours to complete their degree. |
| School Enrolled |       | Degree Program |       |
| # of credits earned |       | Anticipated Date of Program Completion |       |
|  |  |  |
| Signature of person verifying amount of credits currently earned |  | Date |
| *Conditional program approval may be granted for one year only. The Education Administrator* *referred to above must have their degree within one year of the application date.* |
|  |
| [ ]  | Education Administrator is enrolled in a Masters Level Degree Program in Special Education or related field and needs more than 9 credit hours to complete their degree. |
| School Enrolled |       | Degree Program |       |
| # of credits earned |       | Anticipated Date of Program Completion |       |
|  |  |  |
| Signature of person verifying amount of credits currently earned |  | Date |
| To qualify for a limited provisional approval you must provide the Special Education Mentor/ Consultant who is assisting the Education Administrator. The mentor/ consultant must meet the Educational Administrator qualifications. Provide the following information: |
| Name |       | Employer |       |
| Certification (submit copy) |       | Years of Experience |       |
| **Must complete Plan of Activities/ Assistance**  |
| *Provisional approval may be granted for no more than 2 years.* |
|  |
| [ ]  | Program employs or consults with a Special Education Consultant that meets State of Maine Certification.  |
| Name |       | Certification (submit copy) |       |
| **Must complete Plan of Activities/ Assistance**  |
| Amount of time spent with program and staff per month:  |       |

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| **Requirements:** |
| - Consultant/ Mentor is available to applicant in case of any questions or needed guidance  |
| - Consultant/ Mentor reviews documentation and provides guidance to applicant in the supervision of program staff.  |
| Consultant/ Mentor Monitors for the following-* High quality programming based on standards, curriculum and assessments
* IFSP/IEP are strictly adhered to
* Plans of Care/ Intervention Plans are appropriate and incorporate IFSP/IEPs goals
* Billing for special education services are tied to plan
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|  |
| **Other Activities** (determined by program based on the needs of the applicant)**:** |
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| **Amount of time spent monthly working with applicant**: (determine based on experience and need of applicant.)  |       |

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| **Consultant/ Mentor Plan of Activities/ Assistance** |

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| --- | --- |
|  |  |
| Applicant Signature | Date |
|  |  |
| Consultant/ Mentor Signature | Date |
| For Department Use Only  |  |
| [ ]  Plan Approved | [ ]  Plan **NOT** approved |
| Comments/ Suggestions:       |
|  |  |
| State CDS Director or Designee Signature | Date  |