



Criteria for Approved Private Special Education Schools

Site Name:	
Contact Name:	

R7-2-402. Standards for Approval of Special Education Programs in Private Schools

Statute	Description	Observation	Notes
R7-2-402(C)(2)(a)	Adequate Policies and Procedures for publicly enrolled children; must include how students transition to and from PEAs into private schools	<input type="checkbox"/> Meets Requirement <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Undetermined <input type="checkbox"/> Not Applicable	
R7-2-402(C)(3)	Distinct certified teacher assignment per classroom	<input type="checkbox"/> Meets Requirement <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Undetermined <input type="checkbox"/> Not Applicable	
R7-2-402(C)(8) R7-2-402(C)(9)	Communication with parents and placing districts and assessment distribution	<input type="checkbox"/> Meets Requirement <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Undetermined <input type="checkbox"/> Not Applicable	
R7-2-402(C)(11)	Maintenance [Fire Inspection/ Suppression Inspection/ Sprinkler Report]	<input type="checkbox"/> Meets Requirement <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Undetermined <input type="checkbox"/> Not Applicable	



Exceptional Student Services

Statute	Description	Observation	Notes
R7-2-402(C)(13)	Entity will inform ADE of any changes [Failure to comply, can result in revocation]	<input type="checkbox"/> Meets Requirement <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Undetermined <input type="checkbox"/> Not Applicable	
R7-2-402(C)(12)	Student information and reports to be provided every 10 days to the PEA.	<input type="checkbox"/> Meets Requirement <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Undetermined <input type="checkbox"/> Not Applicable	

Personnel Requirements for Emotional Disabilities-Private (ED-P) Program

Requirement	Description	Observation	Notes
Teacher	ED certified, Mild-Moderate certified, Moderate/Severe, or Cross-Categorical certified with 20 hours of additional professional development in teaching students with Emotional Disabilities (additional 20 hours only applied to Cross-Categorical certified personnel)	<input type="checkbox"/> Meets Requirement <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Undetermined <input type="checkbox"/> Not Applicable	
Paraprofessional Training	Training in intensive behavior strategies, non-aversive physical management, and CPR/First Aid	<input type="checkbox"/> Meets Requirement <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Undetermined <input type="checkbox"/> Not Applicable	
Mental Health Professional	[Social Worker, Psychologist, Psychiatrist, Therapist, Guidance Counselor, Counselor]	<input type="checkbox"/> Meets Requirement <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Undetermined <input type="checkbox"/> Not Applicable	



Exceptional Student Services

Facility Requirements

Requirements	Observation	Notes
The facility allows for mobility and is accessible for all students and staff. Building features are safe, secure, and in good condition.	<input type="checkbox"/> Meets Requirement <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Undetermined <input type="checkbox"/> Not Applicable	
Entrances/exits are clearly marked, accessible, and are not blocked by debris.	<input type="checkbox"/> Meets Requirement <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Undetermined <input type="checkbox"/> Not Applicable	
No electrical issues; improperly placed extension cords; or, exposed wires	<input type="checkbox"/> Meets Requirement <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Undetermined <input type="checkbox"/> Not Applicable	
Overall, furniture is safe for use.	<input type="checkbox"/> Meets Requirement <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Undetermined <input type="checkbox"/> Not Applicable	



Exceptional Student Services

Site Visit Comments

The following action(s) must be taken in ____ days:

Program Overall: **Meets Requirements** **Needs Assistance** **Undetermined**

Program Reviewed By: _____

Date: _____