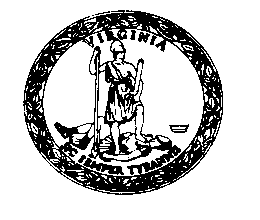
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# COMMONWEALTH OF VIRGINIA

**DEPARTMENT OF EDUCATION**

**PRIVATE SCHOOLS FOR STUDENTS WITH DISABILITIES**

P. O. Box 2120

Richmond, Virginia 23218-2120

Fax Number: 804-371-8796

**APPLICATION FOR EXCEPTION TO SERVE DISABILITY CATEGORY(IES)**

**NOT INDICATED ON LICENSE**

*Application needs to be approved prior to accepting a student into the school*

## PART I: SCHOOL INFORMATION

Name of School:       Contact Person:

Telephone Number:       E-Mail Address:

## PART II: STUDENT INFORMATION

1. Name of Student:
2. Disability Category(ies) of student:
3. Disability category being requested for an exception?
4. Disability Categories currently listed on the school’s license:

## PART III: DETAILED

1. Proposed starting date:
2. What prompts the request to serve this student?
3. Attach a detailed description on the impact of the requested disability categories for each topic listed below:
   1. Describe how the school will provide services for the student.
   2. Outline how the staff will receive training related to the student’s disability and unique needs.
   3. Attach a copy of the student’s PLOP, accommodations and services.

**\*** I certify that the IEP team is aware that this school is not licensed to serve at least one of the disability categories and the IEP team is in agreement that this school is the most appropriate placement for the student.

**Submitted By:**

Name of Authorized Private School Official:       Title:

Signature of Authorized School Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

**For Official Use Only:**

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exception Approved? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, reason must be given.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of VDOE Specialist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_