

**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

# INITIAL APPLICATION TO OPERATE

**A PRIVATE SCHOOL FOR STUDENTS WITH DISABILITIES**

**General Overview *-*** "School for students with disabilities," "school," or "schools" means a privately owned and operated preschool, school or educational organization, no matter how titled, maintained, or conducting classes for the purpose of offering instruction, for a consideration, profit or tuition, to persons determined to have autism, deaf-blindness, a developmental delay, a hearing impairment including deafness, intellectual disability, multiple disabilities, an orthopedic impairment, other health impairment, an emotional disturbance, a specific learning disability, a speech or language impairment, a traumatic brain injury, or a visual impairment including blindness. *(§ 22.1-319* of the *Code of Virginia*)

When an individual or corporation is in the early planning stages of opening a private school for students with disabilities, it is recommended that the Department be contacted for preliminary consultation. The Department shall evaluate each application within 60 calendar days from the date received and advise the applicant in writing of approval or deficiencies. The applicant shall correct all deficiencies within 30 calendar days from the date of the written assessment of the application. The Department may grant an extension for a reasonable period of time. Before a license can be issued to an applicant, the Department shall conduct an on-site inspection or review photographs or videos of the school building and grounds to determine its suitability for the operation of a school for students with disabilities. (*8VAC20-671-120, 130*)

## I: PROPOSED SCHOOL INFORMATION

* Name of Proposed School:
* Contact Person:
* Physical Address:
* Mailing Address:
* Telephone Number:
* Fax Number:
* Email Address:
* Web Address:

Anticipated opening date?

Will the proposed school be: For Profit or [ ]  Non-Profit (501c3) [ ]

### List The Name, Business Address And Contact Information of the Owner.

* Owner’s Name:
* Business Address:
* Telephone Number:
* Email Address:
* Fax Number:
* Web Address:

### Check type of ownership: (*Please check one*)

* Sole Proprietorship (list name and address of proprietor(s))[ ]
* Partnership: List all members and officers [ ]
* Corporation: List all members and officers [ ]
* Other: List all members and officers [ ]

### Status with other licensing agencies:

* Does the owner currently operate other schools for students with disabilities?

Yes [ ]  No [ ]  (If yes, list the name and physical address of all schools)

* Does the owner currently operate business(es) licensed by other agencies?

 Yes [ ]  No [ ]  (If yes, list the name, email address of your licensing specialist, and submit a copy of your license and most recent compliance report)

### References: Submit reference letters from at least three professional resources.

## II: SCHOOL DEMOGRAPHICS

### Check the type of school:

* Day Students Only [ ]
* Residential Students Only [ ]
* Residential and Day Students [ ]

### Capacity and Enrollment Projection:

* Requested maximum capacity?
* Projected enrollment for first year?
* List ages to be serve by the school?
* Grade levels to be offered in the school:

Gender of students to be enrolled in the school: (*check the one that applies below*)

 Female Only [ ]  Male Only [ ]  Co-Educational [ ]

### Disability Classifications:

**Check the categories of disabilities to be served by the school:**

| **Disabilities** | **Check Box** |
| --- | --- |
| **Autism** | **[ ]**  |
| **Deaf Blind** | **[ ]**  |
| **Development Delay** | **[ ]**  |
| **Emotional Disability** | **[ ]**  |
| **Hearing Impairment – Deafness** | **[ ]**  |
| **Intellectual Disability** | **[ ]**  |
| **Specific Learning Disability** | **[ ]**  |
| **Multiple Disabilities** | **[ ]**  |
| **Orthopedic Impairment** | **[ ]**  |
| **Other Health Impairment** | **[ ]**  |
| **Speech or Language Impairment** | **[ ]**  |
| **Traumatic Brain Injury** | **[ ]**  |
| **Visual Impairment –** **Including Blindness** | **[ ]**  |

### School Facilities and Safety:

1. Will there be other occupants in the building where the school is housed? (Specify *hours, services, and the impact on the operation of the school.*)
2. Will other services be delivered in the school building or within the school setting by another subsidiary of the school’s owner (i.e., therapy, day treatment) (*specify hours, services, and impact on the operation of the school.*)
3. Will the proposed school be housed on the grounds of a licensed residential facility? Name the facility and specify licensing agency.

### School Day and Year:

1. Identify the number of hours in the school day.

(minimum 5.5 hours daily of academic instruction or average 27.5 hours weekly, excluding breaks for meals and recess)

1. What type of bell schedule will the school follow? *(specify)*

((i.e., regular, block, modified block, semester, or other (describe))

1. List the number of days in the school year. (minimum of 180 school days)
2. Does the school plan to offer the following?
	1. Extended School Year Yes       No
	2. Year Round School Yes       No
	3. After School Program Yes       No
	4. Summer Enrichment Yes       No
	5. Summer School Yes       No
	6. Summer Camp Yes       No

### Food Service: (check all that apply)

| **Meals and Snacks** | **Student/Family****Provided** | **\*On-site meal preparation** | **Satellite of local public school pick-up /delivery** | **\*Contracted vendor or catering company** | **Pick-up/delivery** |
| --- | --- | --- | --- | --- | --- |
| Breakfast | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Lunch  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Snacks  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

\**Requires food safety inspection by the local Virginia Department of Health Department.*

***Attach proposed master schedules for all levels of programming (elementary, middle, and high school), indicating direct instructional time.***

### Transportation: (Check all that apply)

1. Will the school be transporting students?
	1. To and from home/school [ ]
	2. On school-sponsored field trips and/or instructional outings [ ]
	3. To and from job and/or pre-vocational sites [ ]
	4. Other (specify) [ ]
2. School-Owned Vehicles
	1. Do you currently have school-owned vehicles? Yes [ ]  No [ ]

If yes, provide information regarding the type and number of vehicles that the school proposes to use to transport students (e.g., car, mini-van)

1. Personally Owned Vehicles
	1. Will staff, [ ]  parents, [ ]  and/or volunteers [ ]  be asked to transport students during the school day using their own vehicles? If so, describe how the school will verify that all drivers meet the requirements outlined in 8VAC20-671-730.

*\*Requires a separate application to be submitted and approved by the department.*

### Check the proposed levels of instruction and programs to be offered at the school.

| **Level** | **Preschool (ages 2 -5)** | **Elementary (K – 5)** | **Middle School****(6 -8)** | **High School****(9 – 12)** | **Post-Grad****(Describe)****Grades 12+** |
| --- | --- | --- | --- | --- | --- |
| **General Curriculum** | **[ ]**  | [ ]  | **[ ]**  | **[ ]**  | **[ ]**  |
| **Adapted Curriculum** | **[ ]**  | [ ]  | **[ ]**  | **[ ]**  | **[ ]**  |
| **Pre-Vocational** | **[ ]**  | [ ]  | **[ ]**  | **[ ]**  | **[ ]**  |
| **Vocational** | **[ ]**  | [ ]  | **[ ]**  | **[ ]**  | **[ ]**  |
| **Virtual School** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **\*ISAEP**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **Transition Program**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **Career Prep/Academy**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **Dual Enrollment**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

I hereby certify that all information is accurate to the best of my knowledge. I have read and understand the *Regulations Governing the Operation of Private Schools for Students with Disabilities*.

Name of Authorized School Official:       Title:

Signature of Authorized School Official:       Date:

Applicants continue to Section III

**For Official Use Only**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Private School Preliminary Consultation with a VDOE specialist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Site Review Conducted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Site Review:\_\_\_\_\_\_\_\_

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

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

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

## III: ADDITIONAL SUPPORTING DOCUMENTS

*Each item on the checklist below must be addressed in an attachment to the application. Vague or incomplete applications without supporting documentation may be returned to the sender.*

| **Question** | **SUPPORTING DOCUMENTS** | **Check Box** |
| --- | --- | --- |
| 1. | Applicant Commitment (*Appendix A*) | [ ]  |
| 2. | Evidence that the applicant has assessed the community’s need for a new school.  | [ ]  |
| 3. | Evidence of the applicant's compliance with the applicable regulations of the State Corporation Commission when the school is owned by a partnership or corporation.  | [ ]  |
| 4. | Scale drawings or copy of all floor plans including room use and dimensions. | [ ]  |
| 5. | Certificate of occupancy with educational use group or other report from the appropriate government agency or agencies indicating that the location meets applicable zoning, building code, use permit, business license, fire safety, and sanitation requirements. | [ ]  |
| 6. | Copy of the deed, lease, or other legal instrument authorizing the school to occupy such location. | [ ]  |
| 7. | Proposed working budget for the year showing projected revenue and expenses for the first year of operation and a balance sheet showing assets and liabilities; a three-year financial plan; and documentation of sufficient operating capital or line of credit to carry the school through the first year of operation; | [ ]  |
| 8. | Certificate of Financial Commitment (*Appendix B*) | [ ]  |
| 9. | Original signed surety bond, irrevocable letter of credit, or certificate of deposit to protect the contractual rights of parents and students (*Appendix C*). If the school will not be collecting advanced tuition, complete the Exemption from Guaranty Requirements form (*Appendix D*). | [ ]  |
| 10. | Schedule of tuition and other fees and the procedure for collecting and refunding tuition. | [ ]  |
| 11. | Copies of all proposed advertisements. | [ ]  |
| 12. | Provide a list of instructional resources and equipment. | [ ]  |
| 13. | If providing food service, include monthly calendar of menu ensuring that the diet consists of nutritionally balanced meal, and include documentation that the menu meets minimum requirements of the U.S. Dietary Guidelines. | [ ]  |
| 14. | Proposed organizational chart. | [ ]  |
| 15. | Proposed staffing plan (*Appendix E*) | [ ]  |
| 16. | Job description for each position. | [ ]  |
| 17. | Staff Development Plan that meets the requirements of 8VAC20-671-350. | [ ]  |
| 18. | Submit a copy your Parent/student handbook and Checklist (*Appendix F*) | [ ]  |
| 19. | Submit a copy of your Policy and Procedures Manual and Checklist (*Appendix G*) | [ ]  |
| 20. | Submit a copy of your Contingency Plan and Checklist (*Appendix H*) | [ ]  |