WEST VIRGINIA DEPARTMENT OF EDUCATION

OFFICE OF FEDERAL PROGRAMS & SUPPORT

SPECIAL EDUCATION

#### CHECKLIST FOR OUT-OF-STATE INSTRUCTION FUNDS – FY 2024

**(School Year 2023-2024)**

**COUNTY:** **DATE:**

##### Special Education Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student for Whom Reimbursement is Requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### DIRECTIONS

1. Complete this checklist for each student.
2. Prior to submission of this application, consult the Office of Special Education to determine whether all appropriate actions have been taken. Consultation should occur **prior to placement** when possible.
3. Complete all sections of the application.
4. Attach all required documentation.
5. Submit the following sections:
	* **Section A by March 26, 2024, to be eligible for 1st semester funds**
	* **Section B by April 8, 2024, 1st semester costs**
	* **NOTE: Funds WILL NOT be available for the 2nd semester.**

|  |  |  |
| --- | --- | --- |
| LEA CHECKS |  | OSE CHECKS |
| **DOCUMENTATION**: Check the documentation that is attached. |
| SECTION A |
|  | 1. A statement that a free appropriate public education cannot be provided (1) within the district; (2) within the region; or (3) within the state and supporting evidence for the statement.
 |  |
|  | 1. Evidence of the approved status of the selected out-of-state facility in the state in which it is located and assurance that the school meets the requirements of the Individuals with Disabilities Education Act of 2004.
 |  |
|  | 1. Current and complete IEP.
 |  |
|  | 1. Current signed contract between the county school district and approved out-of-state facility.
 |  |
| SECTION B |
|  | 1. Section B and copies of itemized invoices for first semester (due by April 8, 2024).
 |  |
| SECTION C |
|  | 1. N/A
 |  |

WEST VIRGINIA DEPARTMENT OF EDUCATION

OFFICE OF FEDERAL PROGRAMS & SUPPORT

SPECIAL EDUCATION

REQUEST FOR OUT-OF-STATE INSTRUCTION FUNDS

(For students placed in an Out-of-State School by the District through the IEP process.)

STATE ACCOUNT 0314-159 FY-2023 (School Year 2023 – 2024)

**DIRECTIONS**: Please complete and submit this form for each out-of-state student for whom you will request reimbursement.

Reproduce this form as needed.

* **March 26, 2024 Submit Section A with requested documentation.**
* **April 8, 2024 Submit Section B with invoices for 1st semester.**
* **NOTE: Funds WILL NOT be available for the 2nd semester.**

SECTION A

**(Due March 26, 2024)**

**COUNTY:**

REQUESTING PARTIAL REIMBURSMENT FOR FUNDS EXPENDED: \_\_\_\_\_1ST SEMESTER N/A 2ND SEMESTER

 (Mark all that apply)

**PART I: STUDENT**

Student’s Name: Date of Birth:

|  |
| --- |
| Disabilities (check all that apply): |
|  | Autism (AU) |  | Deafness (DF) |  | Developmental Delay (PS) |
|  | Behavior Disorders (BD) |  | Mental Impairment (MM,MD, MS) |  | Specific Learning Disabilities (LD) |
|  | Blind and Partially Sighted (VI) |  | Orthopedic Impairment (PH) |  | Speech/Language Impairments (CD) |
|  | Deaf-Blindness (DB) |  | Other Health Impairment (OH) |  | Traumatic Brain Injury (TB) |
|  |  Hard of Hearing (HI) |  |  |  |  |

Severe Disabilities: \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

|  |
| --- |
| Briefly describe the student’s disability (ies):  |
| State the reason(s) why the district school district cannot provide an appropriate program:Educational Reasons: Non-Educational Reasons:  |
| State the reasons why the student cannot receive an appropriate program in the district, region or the State of West Virginia:  |
| List and describe the alternate programs and placements which have been considered within the district, the region and the state:   |
| Placement Prior to Out-of-State Placement:  School: Dates of Attendance: Description of Prior Placement:  |

WEST VIRGINIA DEPARTMENT OF EDUCATION

OFFICE OF FEDERAL PROGRAMS & SUPPORT

SPECIAL EDUCATION

**SECTION A (continued)**

PART II – OUT-OF-STATE SCHOOL

Name of School/Agency:

Address:

 Street City, State Zip

Telephone Number: ( )

Contact Person:

 (Name) (Title)

Name and address of out-of-state governmental agency approving school:

 (Name) (Address)

|  |
| --- |
| Disabilities Served: (check all that apply): |
|  | Autism (AU) |  | Deafness (DF) |  | Developmental Delay (PS) |
|  | Behavior Disorders (BD) |  | Mental Impairment (MM,MD, MS) |  | Specific Learning Disabilities (LD) |
|  | Blind and Partially Sighted (VI) |  | Orthopedic Impairment (PH) |  | Speech/Language Impairments (CD) |
|  | Deaf-Blindness (DB) |  | Other Health Impairment (OH) |  | Traumatic Brain Injury (TB) |
|  | Hard of Hearing (HI) |  |  |  |  |

ATTACH A COPY OF THE **CURRENT** CONTRACT/AGREEMENT WITH THE OUT-OF-STATE SCHOOL (signed by the district and out-of-state officials).

When out-of-state placement is recommended by the Individualized Education Program (IEP) Team, the local education agency must ensure that the IEP Team has carefully considered the least restrictive environment considerations as described in Policy 2419.

PART III: ESTIMATED STUDENT PLACEMENT COSTS FOR SY 2023-2024

**1ST SEMESTER**

Tuition: Residential (Room & Board):

**2nd SEMESTER**

Tuition: N/A Residential (Room & Board): N/A

**TOTAL ESTIMATED COSTS FOR 1st Semester:**

(Include 1sst semester room and board)

**Please send original form to:**

West Virginia Department of Education

Office of Federal Programs & Support – Special Education

Attn: David Parkins, Finance Coordinator

Building 6, Room 750

1900 Kanawha Boulevard, East

Charleston, WV 25305

WEST VIRGINIA DEPARTMENT OF EDUCATION

OFFICE OF FEDERAL PROGRAMS & SUPPORT

SPECIAL EDUCATION

REQUEST FOR OUT-OF-STATE INSTRUCTION FUNDS

(School Year 2023-2024)

**SECTION B - 1st Semester Costs**

**July 1 – December 31, 2023**

**(Due April 8, 2024)**

**STUDENT’S NAME: DATE OF BIRTH:**

**COUNTY:**

DOCUMENTED EXPENSES

**DIRECTIONS**: Provide copies of all invoices for tuition and residential (room and board) costs only. Funds may be requested only for documented expenses (estimate expenses to December 31, 2023 if final invoices are not received by due date of April 8, 2024). Consideration will be given if district shows evidence of regular timely payment.

 **Invoices**

1st Semester Tuition Costs (invoices attached) $

1st Semester Residential Costs (invoices attached) $

 Sub-Total: $

Estimated Costs (for costs through $

December 31 for which invoices *are not* attached)

 TOTAL: $

**SECTION B DUE BY APRIL 8, 2024**

**Please send original form and copies of invoices to:**

West Virginia Department of Education

Office of Federal Programs & Support – Special Education

Attn: David Parkins, Finance Coordinator

Building 6, Room 750

1900 Kanawha Boulevard, East

Charleston, WV 25305