2026-2027
APPLICATION FOR APPROVAL OF OUT-OF-STATE RESIDENTIAL FACILITY SPECIAL EDUCATION PROGRAM

I. GENERAL

Authority

Pursuant to Ark. Code Ann. § 6-20-107, no state or federal funds may be transferred from the Department of Education, a public school district, or an open-enrollment public charter school, to a residential facility for educational costs or other related costs unless the facility's educational program has been approved by the Division of Elementary and Secondary Education (DESE). Therefore, pursuant to Arkansas Code Annotated § 6-41-201 et seq. and 34 CFR Part 300 of the Federal Regulations implementing the Individuals with Disabilities Education Act (IDEA), the DESE, Office of Special Education (OSE), has established an application process for a residential facility to seek approval for its special education program.

Definition

Please indicate which type of agency is seeking approval through this application.

- ☐ An inpatient psychiatric treatment facility licensed by the appropriate state agency where the residential facility is located;
- ☐ An alcohol and/or drug treatment facility licensed by the appropriate state agency where the residential facility is located;
- ☐ An Intermediate Care Facility for the Individuals w/ Intellectual Disabilities (ICD/IID) licensed by the appropriate state agency where the residential facility is located;
- ☐ A Psychiatric Hospital licensed by the appropriate state agency where the residential facility is located; or
- ☐ A residential facility licensed to treat post-acute head injury.
- ☐ A residential facility licensed as a sexual rehabilitation program for children by DHS

Submission Deadlines

A completed application with all required documentation must be submitted no later than **August 7, 2026** to be considered for approval for the 2026-2027 school year. If all documentation requested is not received by this date, but is received on or before December 4, 2026, the agency will be considered for approval for the second half of the 2026-2027 school year. New applications and accompanying documentation for the second half of the 2026-2027 school year must be submitted no later than **December 4, 2026**, to be considered for approval. Failure to provide additional information requested by the DESE- OSE, within the time specified in the request, may result in the denial of consideration for approval.

II. ASSURANCES

By submitting this application, the agency hereby assures that:

A. All professional staff providing special education or related services will be appropriately licensed.

B. The agency will notify the resident school district WITHIN SEVEN (7) CALENDAR DAYS of a student being placed in the agency.

C. The agency will notify the resident school district and the DESE-OSE, WITHIN TWENTY (20) CALENDAR DAYS of any change in personnel or program components identified in this application.

1. Failure to report any changes in personnel or program components identified by the agency in this application may result in loss of approval.

D. All special education and related services provided by this agency will be in accordance with the rules and regulations prescribed by the DESE-OSE. (See "Special Education Eligibility Criteria and Program Guidelines for Children with Disabilities, Ages 3-21" and "Special Education and Related Services: Procedural Requirements and Program Standards.")

State laws and regulations governing special education can require more, but not less, than federal laws and regulations. Thus, reference to "...rules and regulations prescribed by the ADE" embodies all state and federal regulations.

E. Reading instruction provided by the agency will align with the Science of Reading and the agency will use a curriculum from the DESE approved list.

F. Mandated dyslexia screeners and dyslexia intervention will be provided for those students who require these services. The Dyslexia program used is on the DESE approved list. Interventionists will be trained in the program and will implement with fidelity.

G. Upon request, the agency will submit an itemized expense report or statement to the responsible district that reflects the educational expenditures for specific services, materials, curriculum, and supplies provided by the agency for educational purposes.

H. Any change that results in a failure to comply with a required application component and failure to correct the noncompliance WITHIN TWENTY(20) CALENDAR DAYS may result in loss of approval.

I. Any change that results in a failure to comply with these assurances and failure to correct the noncompliance WITHIN TWENTY(20) CALENDAR DAYS may result in loss of approval.

III. CERTIFICATION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE HEREBY CERTIFIES THAT:

A. The applicant agency's governing body has adopted the above assurances,

B. has authorized me to act on its behalf to file this application, and

C. to the best of my knowledge, all information contained in this application is correct.

IN WITNESS, I HAVE HEREUNTO AFFIXED MY SIGNATURE

_____

APPLICANT (Legal Name of Agency)

_____

MAILING ADDRESS (Street, City or Town)

_____

STATE ZIP COUNTY SCHOOL DISTRICT

_____

NAME & TITLE OF AUTHORIZED REPRESENTATIVE

_____

SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE

_____

CONTACT PERSON TELEPHONE FAX

_____

EMAIL ADDRESS

_____

PROGRAM NAME

_____

SITE ADDRESS (Street, City or Town)

_____

STATE COUNTY ZIP TELEPHONE

IV. PERSONNEL

Personnel refers to all qualified (licensed, registered, certified, and otherwise approved) employees providing special education and related services as listed on the IEP. Paraprofessionals are to be listed in column 7 and counted in column 6.

Column 1 - List all personnel providing special education and related services (not paraprofessionals/aides).

Column 2 - Enter the position title of all personnel. If the employee fills two positions, list positions here.

Column 3 - State the type and the number of license, accreditation, or registration held by the employee. A copy of the employee's license, registration or other official document must be attached to the application.

For teachers who are not licensed in special education, but who hold a valid teaching license in another area, list the area of their teaching license in column 3.

Column 4 - Indicate the teacher/pupil ratio.

Column 5 - Enter the number of students served in column 5. All students provided services by a given employee should be included in the calculation of teacher/pupil ratio, regardless of age.

Column 6 - Enter the full-time equivalency (FTE) for each paraprofessional assigned (for special education purposes) to professional staff members listed in column 1. A paraprofessional is a staff member other than a teacher who works directly with students with disabilities under the direct supervision of a teacher or other licensed professional.

For example, if Jane Doe has a paraprofessional for one-half day, enter 0.5 in column 6 on the line with Jane Doe's name. If teacher Mary Martin has a paraprofessional all day, and another for one-half day, enter 1.50 in column 6 on the line with Mary Martin's name.

Column 7 - List the name of each paraprofessional counted in column 6.

1	2	3	4	5	6	7
Name of Employee	Position Title	License / Registration	Teacher/ pupil ratio	Number of Students Served School Age	Number of Paras	Name of Paraprofessional

V. POPULATION

CURRENT ENROLLMENT

School-age (5 to 21 years)	

MAXIMUM CAPACITY

Maximum Total that can be enrolled	

DISTRICTS SERVED

Enter the name of each Arkansas district served and the total number of school-age students from that district.

DISTRICT	Number of Students

VI. SERVICES PROVIDED

Education: Check each service available to the school-age population.
Add any services provided that are not on this list.

ACADEMIC CORE SUBJECTS

- English/Language Arts ☐
- Reading ☐
- Mathematics ☐
- Science ☐
- Social Studies ☐
- Physical Education ☐
- Other (describe) ☐

VII. RELATED SERVICES

Related services are those services which enable a student to benefit from the special education program. Related services must be specified on the IEP of the student.

Indicate each provider of related services. If related services are not provided by facility employees, please indicate how the services are provided and by whom.

When services are delivered by an entity other than the agency, appropriate documentation must be submitted with this application.

When related services are provided by facility employees, those individuals are to be listed on page 5 of the application (under Item IV. Personnel) with a copy of the license(s) attached to the application.

SERVICES PROVIDED BY:

SERVICE	FACILITY EMPLOYEES	OTHER (Specify)
Speech Therapy	☐	
Physical Therapy (PT)	☐	
Occupational Therapy (OT)	☐	
Mental Health	☐	
Other (specify)	☐	
	☐	
	☐	
	☐	

VIII. SCHOOL DAY/YEAR

A. The agency provides a six (6) hour instructional day: YES ◯ NO ◯

A. Number of school days in operation per year: _____

B. Period of operation: _____ to _____
(Month) (Month)

IX. POLICIES AND PROCEDURES

A. Does the agency have procedures for notifying the appropriate district within seven (7) calendar days of a student's placement in the agency?

YES ◯ NO ◯

B. Does the agency have procedures for billing the appropriate district for students placed in the agency?

YES ◯ NO ◯

Please submit a copy of each of the above policies and procedures with this application.

X. SECURITY OF CONFIDENTIAL RECORDS

The confidentiality of personally identifiable information is required by state and federal law. Personally identifiable information includes, but is not limited to: (a) the student's name; (b) the name of the student's parent or other family members; (c) the address of the student or student's family; (d) a personal identifier, such as the student's social security number, student number, or biometric record; (e) other indirect identifiers, such as the student's date of birth, place of birth, and mother's maiden name; (f) other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty; or (g) information requested by a person who the educational agency or institution reasonably believes knows the identity of the student to whom the education record relates.

A. Is all personally identifiable information pertaining to students kept in locked storage?

YES ◯ NO ◯

B. Is there a list of people authorized to access student records posted near or filed with the records?

YES ◯ NO ◯

C. Is a log kept of parties accessing client records including name, date of access, and purpose for which access is authorized?

YES ◯ NO ◯

XI. FACILITIES

Each classroom is required to be a minimum of <u>450 square feet</u>. If a room that is less than 450 square feet is to be used as a classroom, a waiver must be granted.

Classroom Size	Square Footage	Requesting Waiver*
Classroom #1		
Classroom #2		
Classroom #3		
Classroom #4		
Classroom #5		
Classroom #6		

*Attach waiver request to this application.

Is the facility readily accessible by individuals with disabilities?

YES ◯ NO ◯

XII. LICENSE TO OPERATE

Please identify each of the agency's licenses/accreditations/certifications and include a copy of each with this application.

☐ Department of Human Services (DHS)

☐ Department of Health

☐ The Joint Commission

Other(s)

Does the state department of education where the agency is located, have a process for approving/licensing residential facilities?

Yes ◯ No ◯

If yes to above, is the agency approved/licensed by the state department of education where the agency is located?

Yes ◯ No ◯

SUBMIT THE COMPLETED APPLICATION WITH ALL ACCOMPANYING DOCUMENTS TO:

Kristin Hughes Watson, SEA Supervisor
Non-Traditional Programs
Arkansas Department of Education
Division of Elementary and Secondary Education
Office of Special Education
#4 Capitol Mall, Box 31
Little Rock, Arkansas 72201
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EMAIL: Kristin.Watson@ade.arkansas.gov