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|  | | |  | | | | White star beaming down in a blue box next to blue lettering spelling "Maine Department of Education."  **Annual School Approval Report**  **\*SPECIAL PURPOSE PRIVATE SCHOOL\*** | | | | | | | | | | | | | | | | | | | |  | | DOE Use Only | | | |
|  | | |  | | | | **2018-2019** | | | | | | | | | | | | | | | | | | | |  | |  | | |
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| SPECIAL PURPOSE PRIVATE SCHOOLS SEEKING BASIC SCHOOL APPROVAL IN ACCORDANCE WITH TITLE 20-A M.R.S.A. SECTIONS 2901-2906 AND SECTIONS 2951-2955 AND OTHER APPLICABLE REQUIREMENTS MUST SUPPLY THE INFORMATION REQUESTED IN THIS ANNUAL APPLICATION. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | | | |  | | | | | | | | | |  | | | | |  | |  | | |
| Person Completing Form: | | | | |  | | | | | | | | | | | | | | | | | Phone: | | | |  | | | | | |
|  | | |  | | | |  | | | | |  | | | | | | | | | |  | | | | |  | |  | | |
| **PART I:** | | | | **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | |  | | |
| 1. | Name of School | | | |  | | | | | | | | | | | | | | | | | | Phone: | |  | | | | | | |
|  |  | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | |  | | |
| 2. | Location | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | (Street/Route) | | | | | | (Town/City) | | | | | | | | | | | | | | | | | | (Zip) | |
| 3. | Physical/Mailing Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | (P. O. Box/Street/Route) | | | | | | | | | | | (Town/City) | | | | | | | | | | | | | | (Zip) | |
|  |  | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | |  | | |
| 4. | Primary Contact(s): Email: | | | | | | |  | | | | | | | | | | | | | | | | FAX: | | | |  | | | |
|  |  | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | |  | | |
| 5. | Name of head of school for school year 2018-19 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 5. | Name of legal owner of the school (person/org.) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | |  | | |
| 6. | Type of School: (check as many as apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | |  | | |
| a. | Elementary | | | | |  | |  | | |  | | | | | f. | | Sectarian | | | | | | | | | |  | |  |
| b. | Middle School | | | | |  | |  | | |  | | | | | g. | | Non-Sectarian | | | | | | | | | |  | |  |
| c. | High School | | | | |  | |  | | |  | | | | | h. | | Boarding | | | | | | | | | |  | |  |
| d. | Middle/High School | | | | | | |  | | |  | | | | | i. | | Semester School | | | | | | | | | |  | |  |
| e. | Elementary/Secondary Combined | | | | | | |  | | |  | | | | | j. | | Non-profit | | | | | | | | | |  | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. | **Receiving publicly funded students** **🞎 yes 🞎 no** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l. | **Receiving 60% or more publicly funded students** **🞎 yes 🞎 no** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Grade span(s) (do not include pre-K) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (see Pre-K licensing requirements at [the Childcare Licensing, Subsidy & Food Program webpage.](http://www.childcarechoices.me/childcarelicensingandsubsidy.aspx)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Total enrollment as of April 1, 2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | Disabilities Served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | **CERTIFICATE** | | | | | | | | | | | | | | | | | | | |  | |  | | |
| I certify that the written statements herein are complete, true, and correct, and that I am authorized to represent the school submitting this report. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  |  | | | | | | | | | |  | | |  | | | | | | |  | | | | | |  | |  | | |
| (Date) | | | | | | | | | | |  | | (Signature of Head Administrator) | | | | | | | | | | | | | | | | | | | | | |
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| **RETURN ELECTRONICALLY WITH ALL DOCUMENTATION ATTACHED TO:** | | | | | | | | |  | **OR** | | | | | | | | **RETURN ORIGINAL AND ACCOMPANYING DOCUMENTATION TO:** | | | | | | | | | | | | | | | |
| School Approval Consultant | | | | | | | | |  |  | | | | | | | | School Approval Consultant, Maine DOE | | | | | | | | | | | | | | | |
| [SchoolQuestions.DOE@maine.gov](mailto:SchoolQuestions.DOE@maine.gov) | | | | | | | | |  |  | | | | | | | | 23 State House Station, Augusta, ME 04333-0023 | | | | | | | | | | | | | | | |

**DUE NO LATER THAN August 15, 2018**

**PART II: REQUIREMENTS**

**DIRECTIONS: This form is required of each school as an annual report on the school’s operation and educational program. A response to all indicators is required and must be supplied for a valid report, unless otherwise indicated. Failure to demonstrate applicable school approval standards can lead to the revocation of school approval status.**

**BASIC SCHOOL APPROVAL FOR ATTENDANCE PURPOSES 20-A (M.R.S. § 2901)**

1. \_\_ Meets the standards for hygiene, health and safety established by applicable law and rule.

\_\_ The school’s facilities are in compliance with applicable state and municipal health, safety and fire codes.

\_\_ The school has a written policy and procedure for administering medication. 20-A M.R.S. § 254(5)(B). (attach policy)

\_\_ The school has a protocol for the management of life-threatening allergies. 20-A M.R.S. § 6305(9). (attach policy)

\_\_ The school has a policy regarding student immunizations consistent with 20-A M.R.S. §§ 6352-6358. (attach policy)

\_\_ All personnel employed by the school as regular or substitute employees hold a clearance\* issued by the MDOE. 20-A M.R.S. 13024(1)(A). The NEO Information System, Maine Schools and Staff modules are completed/updated for all employees.

\_\_ The school files a certificate of attendance with the superintendent of each student’s school administrative unit of residence, signed by school officials, showing the name, residence and attendance of the student. 20-A M.R.S. §5001-A(3)(A)(2).

\_\_ Dissemination of student education records and personally identifiable student information is governed by the provisions of 20-A M.R.S. §6001 and in accordance with the Family Education Rights and Privacy Act (FERPA).

\* The term “clearance,” whereby school personnel undergo fingerprinting and a criminal history record check, replaces the term “approval” in 20-A M.R.S. §13024, as of 7/1/18.

1. ­­­\_\_ Meets the state requirements pursuant to 20-A M.R.S. § 2902.

\_\_ Uses English as the language of instruction except as specified under 20-A M.R.S. § 4701.

\_\_ Provides instruction in elementary schools as specified in 20-A M.R.S. §§ 4701, 4704, 4706 and 4711 and in secondary schools as specified in 20-A M.R.S. §§ 4701, 4704, 4706, 4722 (including establishing a CTE pathway to graduation), 4722-A, 4723 and 4724.

\_\_ Provides instruction in the basic curriculum established by rule [Chapter 127] and in alignment with the system of learning results established in 20-A M.R.S. § 6209.

\_\_ Employs only certified teachers and administrators. 20-A M.R.S. § 13003 and § 13019-I. The NEO Information System, Maine Schools and Staff modules are completed/updated for each teacher.

\_\_ Upon request of a school administrative unit, releases copies of all student records for a student transferring from the private school to the school administrative unit. (attach policy)

\_\_ Meets the requirements for administering reintegration planning pursuant to 20-A M.R.S. § 254(12).

\_\_ For secondary schools only:

\_\_ Meets the requirements of a minimum school year under 20-A M.R.S. § 4801. (attach school calendar)

\_\_ Provides a school day of sufficient length to allow for the operation of its approved education program.

\_\_ Has a student-teacher ratio of not more than 30:1.

\_\_Includes not less than 2 consecutive grades from 9 to 12.

\_\_ Maintains adequate, safely protected records. (attach policy)

**APPROVAL FOR THE RECEIPT OF PUBLIC FUNDS (20-A M.R.S. § 2951)**

1. \_\_ The school is nonsectarian.

\_\_ The school is incorporated under the laws of the State of Maine or of the United States. (attach documentation)

\_\_ The school works with the school administrative units of residence to ensure that all publicly-funded students take the State assessment for English Language Arts and Mathematics in each grade from 3-8 and in their third year of high school; and the State assessment for Science in grades 5, 8 and in their third year of high school. Every Student Succeeds Act (ESSA).

\_\_ The school works with affiliated units in its career and technical education center or school administrative units in its career and technical education region to develop and approve a regional school calendar. 20-A M.R.S. § 4801(2-A). (attach calendar if not already provided in #2)

\_\_ The school, in accordance with time schedules established by the commissioner, reports to the commissioner the information the commissioner may require. 20-A M.R.S. § 2952.

**OTHER REQUIREMENTS**

\_\_ The school has a policy for the management of concussive and other head injuries that is consistent with the model policy developed by the Commissioner (for private schools with 60% or greater publicly funded students). 20-A M.R.S. § 1001(19). (attach policy)

\_\_ The education administrator for the program holds licensure either as a Special Education Administrator or as a Special Educator, has a minimum of a Masters Degree in Special Education or related field and has a minimum of one year of administrative experience (attach documentation). Department of Education Regulation Chapter 101, Section XII (2) (A) (1) (f).

\_\_ The school has a written agreement(s) with the placement school administrative unit(s), stating that

the placement school(s) will recognize work completed at the special purpose private school and issue credits from the placement school administrative unit(s). (attach copies of the 2017-18 written agreements). Department of Education Regulation Chapter 101, Section XII (2) (A) (1) (i).

\_\_ The school has a written agreement(s) with the placement school administrative unit(s), stating that secondary education students will receive a diploma from the placement school administrative unit(s). (attach copies of the 2017-18 written agreements). Department of Education Regulation Chapter 101, Section XII (2) (A) (1) (i).

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| **PLEASE DO NOT WRITE BELOW THIS LINE - FOR MDOE USE ONLY** | | | | | | | |
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| **This is a complete and acceptable report and the school is granted a renewal of basic school approval for the period commencing September 1, 2018 and ending August 31, 2019.** | | | | | | | |
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|  | | |  |  | | | |
| **(Date)** | | |  | **(School Approval Specialist)** | | | |