Participants:

Benicia Unified School District

Dixon Unified School District

Fairfield-Suisun Unified School District

Travis Unified School District

Vacaville Unified School District

Solano County Office of Education

# Solano County SELPA Membership Application

### APPLICANT LEA INFORMATION

LEA Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CDS Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School year for which the LEA is seeking membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date LEA/Charter was or will be established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grades served for application year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated first day of instruction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grades offered/authorized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of notice of withdrawal from current SELPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total days of instruction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geographic region served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizing LEA (Charter Schools Only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEA Program Information

Describe the history of your LEA, if new, describe how your LEA was formed. Include a description of your mission, values and an overview of the educational program.

Explain the rationale/reason for pursuing membership with Solano County SELPA. Who was involved in the decision-making process? How would this partnership enhance your school program and how would the SELPA benefit from partnering with your organization?

### CONTACT INFORMATION

Please provide the following information about your LEA. As titles may vary between LEAs, please provide the contact information for the individual whose role most closely matches the section header.

|  |  |
| --- | --- |
| **Chief Executive Officer** | **Chief Business Official** |
| Name: | Name: |
| Title: | Title: |
| Address: | Address: |
| Phone: | Phone: |
| Email: | Email: |

|  |  |
| --- | --- |
| **Special Education Director** | **Chief Human Resources Officer** |
| Name: | Name: |
| Title: | Title: |
| Address: | Address: |
| Phone: | Phone: |
| Email: | Email: |

### PUPIL COUNT DATA

|  |  |  |
| --- | --- | --- |
|  | Immediate Past December CASEMIS/CALPADS count | Projected Pupil Count for subsequent year |
|  | Base Year:  | Next School Year: |
| Special Education Pupil Count |  |  |
| Total Population |  |  |
| Special Education Percentage of Total Population |  |  |

If the Special Education percentage of the total population is less than 4% or greater than 14%, provide an explanation:

|  |  |  |
| --- | --- | --- |
|  | Immediate Past December CASEMIS/CALPADS count | Projected Pupil Count for subsequent year |
| Number of pupils by eligibility area | Base Year:  | Next School Year: |
| Autism  |  |  |
| Deaf |  |  |
| Deaf-Blind |  |  |
| Emotionally Disturbed |  |  |
| Hard of Hearing |  |  |
| Intellectually Disabled |  |  |
| Multiple Disabilities |  |  |
| Specific Learning Disability |  |  |
| Speech & Language Impaired |  |  |
| Traumatic Brain Injury |  |  |
| Orthopedic Impairment |  |  |
| Other Health Impairment |  |  |
| Visually Impaired |  |  |
| Total number of pupils |  |  |

### SPECIAL EDUCATION PROGRAMS

Continuum of Services

Provide a comprehensive plan and description to provide the full continuum of special education services to meet the needs of students with mild to severe disabilities. Including the following:

1. Leadership and program oversight
2. Staffing plan to implement the program and services
3. Strategies to implement inclusion services (LRE)
4. Documentation that transportation is provided to all students with special needs to access appropriate services? What form of transportation will be provided?

Child Find

How will the school ensure that student outreach and recruitment appropriately address the needs of students with disabilities? Describe the LEA’s understanding, knowledge and process of child find.

IEP Process

Describe the LEA’s understanding of the IEP process. Demonstrate knowledge of timelines and a description of required elements.

Community Advisory Committee

How will the LEA engage and participate in the Community Advisory Committee (CAC) and support parents of students in special education?

Nonpublic Schools and Agencies

Describe and explain the partnerships and/or relationships with other agencies and organizations that will support your implementation of the special education programs as a member of the SELPA. Include any existing nonpublic school/nonpublic agency (NPS/NPA) contracts.

Compliance Monitoring and Complaint Procedures

Describe the LEA’s knowledge and experience with compliance reviews, compliance complaints, due process filings, dispute resolutions and corrective action.

### FINANCIAL INFORMATION - SPECIAL EDUCATION BUDGET

Special Education Budget Overview

Provide a financial information including prior year actuals, current year budget and the proposed budget for the next school year. Only include special education financial information.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Prior Year Actuals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Current Year Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Subsequent Year Budget: \_\_\_\_\_\_\_\_\_\_\_ |
| Certificated Salaries |  |  |  |
| Classified Salaries |  |  |  |
| Benefits |  |  |  |
| Books and Supplies |  |  |  |
| Services and Other Operating Expenses |  |  |  |
| Capital Outlay |  |  |  |
|  |  |  |  |
| Total |  |  |  |

Accounting

Does the LEA provide its own internal accounting services?

If yes, please describe your internal accounting processes and controls?

If no, please provide the contact information for the LEA or contracted accounting services firm.

|  |
| --- |
| Agency Name: |
| Primary Contact: |
| Title: |
| Address: |
| Phone: |
| Email: |

Financial Information Narrative

Please provide a narrative that describes your special education budget assumptions for the next school year. The narrative should include a description of the number and type of staff you intend to employ, a description of services, operative expenditures and capital outlay.

\*If additional space is needed, attach a separate document.

Facilities:

Describe the facility space that will be utilized for the provision of special education services.

Acknowledgements:

By submitting this application, I understand and agree:

1. This application is not complete until all corresponding documentation has been uploaded.
2. All information provided is accurate, true and complete to the best of my/our knowledge.
3. The Solano County SELPA may notify your current SELPA and, if appropriate, your charter authorizer that your school has applied for membership with Solano County SELPA.

I am authorized by the organization’s leader and/or school board to pursue membership in the Solano County SELPA.

I declare under penalty of perjury that the foregoing is true and correct. Executed on \_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Print Name Title

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

Signature