

# **Non-Public Schools**

# **Approval System**

## **Self-Assessment**

**Exceptional Children Division**  
**North Carolina Department of Public Instruction**

*Improving Outcomes for Students with Disabilities*

School Name \_\_\_\_\_

School Year \_\_\_\_\_

**Public Schools of North Carolina  
State Board of Education  
Exceptional Children Division  
301 North Wilmington Street  
Raleigh, North Carolina 27601-2825**

*Non-Public School Annual Exceptional Children Program Self-Assessment Document*

<b>For DPI Use Only</b> <p style="text-align: center;">_____ <b>Initial</b>                  _____ <b>Annual Review</b>                  _____ <b>Onsite</b></p>
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This evaluation document has been developed in conformance with the requirements of Public Law 108-446, Article 9 of Chapter 115C of the North Carolina General Statutes, and *Policies Governing Services for Children with Disabilities*. A review team from the North Carolina Department of Public Instruction, Exceptional Children Division, will conduct an onsite visit every five years, in combination with annual program reviews during the intervening years, to evaluate the Exceptional Children Program in accordance with these standards.

- 1. Official Name of the School \_\_\_\_\_
  
- 2. Address: \_\_\_\_\_
  
- 3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  
- 4. Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_
  
- 5. Contact Person: Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
E-mail: \_\_\_\_\_
  
- 6. Grades Served: \_\_\_\_\_ Age Range: \_\_\_\_\_
  
- 7. Total Current Student Enrollment: \_\_\_\_\_ Capacity: \_\_\_\_\_
  
- 8. Total Exceptional Children Enrollment: \_\_\_\_\_  
(Complete the enclosed Exceptional Children Program Student Roster for Non-Public Schools)
  
- 9. Type of school (Check the section that applies to your school.)

\_\_\_\_\_ **Special Non-Public School** A “Special Non-Public School” offers special education and related services to exceptional students only.

\_\_\_\_\_ **General Non-Public School** A “General Non-Public School” offers a general and comprehensive education program to regular students, and also has a program or curriculum component for students with disabilities.

10. Type of Program (Check one from item "a" and one from item "b" below.)

a. \_\_\_ Day Program                      \_\_\_ Residential                      \_\_\_ Combination

b. \_\_\_ Full Time Program              \_\_\_ Part-Time Program

11. Instructional Program (Check appropriate section(s) for the current school year only.)

	Beginning Date	Ending Date	Total Days	Length of School Day
Regular Program				
Summer Program				
Continuous (Year Round)				

12. Operating or Sponsoring Organization

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

13. Fees Charged (Please indicate Annually, Monthly, or Weekly Fees)

Education: \_\_\_\_\_

Related Services: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

14. Name of accreditation agency: \_\_\_\_\_

15. List or attach any additional information that you feel is relevant.

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

## Exceptional Children Educational Personnel

**School Name** \_\_\_\_\_

Provide exceptional children and related services staff information indicated below. Attach copies of current professional licenses. Do not list non-educational personnel (ex. Technicians, bus drivers, cooks, etc.)

<b>A. Administrative Personnel</b>				
<b>Name</b>	<b>Position/Title</b>	<b>Degree/ Major Field</b>	<b>Area(s) of Licensure</b>	<b>Expiration Date</b>
<b>B. Educational Personnel</b> <i>Include those who provide direct instructional services (teachers, instructors, etc.) with at least a four year degree. Be sure to enclose copies of current certification.</i>				
<b>Name</b>	<b>Position/Title</b>	<b>Degree/ Major Field</b>	<b>Area(s) of Licensure</b>	<b>Expiration Date</b>
<b>C. Related Service Personnel</b> <i>Include those employed by school or through contract (speech-language specialists, social workers, psychologists, physical therapists, occupational therapists, etc.) Be sure to enclose copies of current certification or licensure.</i>				
<b>Name</b>	<b>Position/Title</b>	<b>Degree/ Major Field</b>	<b>Area(s) of Licensure</b>	<b>Expiration Date</b>

**Check each disability category for which your school is requesting program approval.**

- |   |  |
|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Multiple Disabilities         |
| <input type="checkbox"/> Deaf-Blindness           | <input type="checkbox"/> Orthopedic Impairment         |
| <input type="checkbox"/> Deafness                 | <input type="checkbox"/> Other Health Impairment       |
| <input type="checkbox"/> Developmental Delayed    | <input type="checkbox"/> Specific Learning Disability  |
| <input type="checkbox"/> Emotional Disability     | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Hearing Impairment       | <input type="checkbox"/> Traumatic Brain Injury        |
| <input type="checkbox"/> Intellectual Disability  | <input type="checkbox"/> Visual Impairment             |

**Directions:** Select one response for each statement below. Select “Not Applicable” for items that do not apply to your non-public school. Include comments for items marked “Not Applicable” on the attached page.

**Curriculum and Instruction**

1. The school offers a structured curriculum of sequential instruction at appropriate levels, comparable to the standard course of study in public schools.  
 Yes       No       In Progress       Not Applicable
2. The school has a written statement of its goals and objectives and evaluates its performance against them. If yes, submit with the self-assessment.  
 Yes       No       In Progress       Not Applicable
3. The school has an adequate supply of appropriate instructional materials, textbooks, equipment, and supplementary resources available.  
 Yes       No       In Progress       Not Applicable
4. The teacher/pupil ratio for exceptional children is in accordance with Policies Governing Services for Children with Disabilities. (Complete the enclosed Class Enrollment Form for each exceptional children class or class in which exceptional children inclusion services are provided).  
 Yes       No       In Progress       Not Applicable

5. The school complies with State standards regarding the number of days and hours within the instructional year.

Yes       No       In Progress       Not Applicable

6. Training and resources are available to help general education classroom teachers serve students with disabilities.

Yes       No       In Progress       Not Applicable

7. All personnel providing direct educational services to students with disabilities has a copy of the student's current IEP.

Yes       No       In Progress       Not Applicable

## **A. Student Records**

### **1. Confidentiality**

a. Signature, date, and purpose (sign-off access sheet) required for record access are maintained within each exceptional children folder.

Yes       No       In Progress       Not Applicable

b. Procedures are in place to provide parents and eligible students the opportunity to inspect, review, and copy educational records.

Yes       No       In Progress       Not Applicable

### **2. Individualized Education Program (IEP)**

a. All required personnel and parents are involved in planning and developing the IEP.

Yes       No       In Progress       Not Applicable

b. Efforts to obtain parent participation in the development and subsequent reviews of the IEP are documented.

Yes       No       In Progress       Not Applicable

c. Efforts to invite and obtain student participation in the development of the IEP when transition educational services are discussed and subsequent review of the IEP are documented.

Yes       No       In Progress       Not Applicable

- d. All students with disabilities enrolled by a Public Local Education Agency have an IEP.  
 Yes       No       In Progress       Not Applicable
- e. All required IEP components are included. Enclose a copy of your IEP form(s) with this self-assessment document.  
 Yes       No       In Progress       Not Applicable
- f. Reevaluations occur at least every three (3) years or more often if deemed necessary by the IEP Team.  
 Yes       No
- g. The IEP is reviewed/revised by appropriate staff, parents and students (when transition education is discussed) and placement decisions are made annually.  
 Yes       No

**3. Identification, Evaluation, Placement and Reevaluation Procedures**

The following information is on file for students with disabilities placed by Public Local Education Agencies:

- a. A current edition of Policies Governing Services for Children with Disabilities which is used in the identification of eligible children enrolled in your program.  
 Yes       No
- b. A current edition of the Procedural Safeguards: Handbook on Parents' Rights is distributed to parents each school year to inform them of procedural safeguards.  
 Yes       No

**B. Facilities**

1. Programs are accessible to children with disabilities enrolled and are equipped to provide an appropriate education.  
 Yes       No       In Progress       Not Applicable

**C. Student Performance and Outcomes**

1. Students with disabilities placed by Public Local Education Agencies participate in regular state-wide and district wide assessments, as well as alternate assessments, as appropriate.

Yes       No       In Progress       Not Applicable

**D. Discipline**

1. Policies Governing Services for Children with Disabilities are followed when disciplining students with disabilities.

Yes       No       In Progress       Not Applicable

**Certification of School Official/s**

I certify that:

1. Identification guidelines outlined in the current *Policies Governing Services for Children with Disabilities* have been followed in placing eligible school children in special education programs;
2. Verification is on file of the contact person for the education of the child when the parent has relinquished his/her rights and responsibilities for educational decisions; and
3. Comments for any question marked “Not Applicable” are enclosed. Information provided on this form is complete and accurate.

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



