****Dyslexia Therapy Program

VERIFICATION AND ASSURANCES

**2020-2021 School Year**

|  |
| --- |
| **SCHOOL INFORMATION** |
| School |       | Grades Served  |       |  |
| School’s Full Address |       |  |
| Principal Name |       | School Phone |       |  |
| E-Mail Address |       |  |
|  |

|  |
| --- |
| **VERIFICATION OF NONPUBLIC SPECIAL PURPOSE STATUS** |
| This school is currently accredited by the Mississippi Department of Education (MDE) as a nonpublic special purpose school. | [ ]  Yes [ ]  No |
| This school offers a specific learning environment that provides comprehensive dyslexia therapy and intervention services to children diagnosed with the primary learning disability of dyslexia. | [ ]  Yes [ ]  No |
| **VERIFICATION OF PERSONNEL (LICENSURE & TRAINING)***Required documentation* ***must*** *be attached to this application for the 2019-2020 School Year.* |
| This school employs dyslexia therapists licensed by the MDE in accordance with the requirements of the dyslexia therapy scholarship statute [House Bill 1031 (2012)].  | [ ]  Yes [ ]  No |
| This school screens and fingerprints teachers prior to employment in accordance with the requirements of the dyslexia therapy scholarship statute [House Bill 1031 (2012)]. | [ ]  Yes [ ]  No |
| The administrator / director has additional training in the characteristics of dyslexia.  | [ ]  Yes [ ]  No |
| **ADDITIONAL DOCUMENTATION REQUIRED** |
| 2020 – 2021 Tuition Fees | [ ]  Documentation Attached |
| 2020 – 2021 School Calendar | [ ]  Documentation Attached |
| **ASSURANCES** |
| This school is providing dyslexia therapy that is based on Orton-Gillingham. | [ ]  Yes [ ]  No |
| This school is providing dyslexia therapy that is offered in a small group. | [ ]  Yes [ ]  No |
| This school is providing dyslexia therapy that is offered on a daily basis. | [ ]  Yes [ ]  No |
| In order to be eligible for future funding under the dyslexia therapy scholarship statute [House Bill 1031 (2012)], this school will remain in compliance with the statute requirements. | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Principal / Director Signature | Date |  |

|  |
| --- |
| **MDE Office Use Only** |
| Date Received |  | Approved ⬜ | Denied ⬜ | Date Notification Sent |  |

Mississippi Department of Education
Office of Elementary Education and Reading
Attn: Dyslexia Non-Public Program Verification
P.O. Box 771
Jackson, MS 39205

**Please send the completed Program Verification and Assurances form and attachments to:**