

MISSISSIPPI DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION  
DIVISION OF EDUCABLE CHILD PROGRAM  
P.O. BOX 771, SUITE 301  
JACKSON, MS 39205  
601-359-3498

SCHOOL APPROVAL APPLICATION  
EDUCABLE CHILD PROGRAM

School Year 20\_\_ - 20\_\_

NAME OF SCHOOL/FACILITY: \_\_\_\_\_

DIRECTOR/PRINCIPAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

\_\_\_\_\_ FAX: \_\_\_\_\_

**TO BETTER SERVE THE NEEDS OF CHILDREN WITH DISABILITIES, PLEASE COMPLETE THE INFORMATION BELOW AS APPLICABLE TO THIS SCHOOL/FACILITY.**

**TYPES OF DISABILITIES THIS SCHOOL/FACILITY IS PREPARED TO SERVE:**

- \_\_\_\_ INTELLECTUAL DISABILITY
- \_\_\_\_ SPECIFIC LEARNING DISABILITY
- \_\_\_\_ LANGUAGE/SPEECH IMPAIRED
- \_\_\_\_ HEARING IMPAIRED
- \_\_\_\_ VISUALLY IMPAIRED
- \_\_\_\_ DEAF-BLIND
- \_\_\_\_ EMOTIONAL DISABILITY

- \_\_\_\_ OTHER HEALTH IMPAIRMENT
- \_\_\_\_ MULTIPLE DISABILITIES
- \_\_\_\_ AUTISM
- \_\_\_\_ DEVELOPMENTALLY DELAYED
- \_\_\_\_ TRAUMATIC BRAIN INJURY
- \_\_\_\_ ORTHOPEDIC IMPAIRMENT

LENGTH OF SCHOOL DAY \_\_\_\_\_ a.m. - \_\_\_\_\_ p.m.

NO. OF DAYS PER WEEK STUDENTS RECEIVE INSTRUCTION: \_\_\_\_\_ DAYS/WEEK

**ELIGIBILITY CRITERIA:**

AGE: \_\_\_\_\_

IQ: \_\_\_\_\_

**THIS SCHOOL/FACILITY IS PREPARED TO SERVE: PLEASE CIRCLE Y (YES) OR N (NO)**

- Y - N ELOPEMENT
- Y - N BEHAVIOR/CONDUCT DISORDERS
- Y - N SEXUAL OFFENDER
- Y - N INDIVIDUALS WHO ENGAGE IN SELF INJURIOUS BEHAVIOR
- Y - N DUAL DIAGNOSIS (INTELLECTUAL DISABILITY)

**OTHER DISABILITIES/DIAGNOSES THAT THIS FACILITY WOULD NOT ACCEPT:** \_\_\_\_\_

**LIST ANY DISABILITIES/MENTAL DIAGNOSES IN WHICH THIS FACILITY SPECIALIZES:** \_\_\_\_\_

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