



2023-2024

**DIRECTIONS FOR COMPLETING SECTION 504 TEACHER UNIT CERTIFICATION REQUEST
STUDENT FORM**

REQUIRED SUBMISSION	DIRECTIONS	THE DOCUMENTATION BELOW WILL BE REQUIRED BY JANUARY 16, 2024, PRIOR TO THE APPROVAL OF THE REQUESTED TEACHER UNIT REIMBURSEMENT
Legal name of the student	Provide the name of each student who is eligible under Section 504 and is placed in a state licensed facility (additional cells may be added).	<ul style="list-style-type: none"> • Copy of the student’s birth certificate • Copy of the student’s social security card • Copy of the student’s current, active 504 plan which is developed annually • Parentally completed, signed, and notarized Student Assurance Form • Documentation (report, admission form, diagnosis, etc.) by competent medical authority/psychologist for student to need placement in a state licensed facility.
Student’s Social Security Number	Provide the student’s social security number	
Copy of the student’s current, active 504 plan	Provide a copy of the student’s current, active 504 plan which is developed annually.	
Age of student	Provide the date of birth for the student.	
Current graduation status	Provide the current graduation status for each student: Graduated, enrolled, no longer enrolled.	
Teacher of Record	Provide the name of the teacher serving the student.	
Documentation of Determination	Provide documentation (report, admission form, diagnosis, etc.) by competent medical authority/psychologist for student to need placement in a state licensed facility.	



**NOTE: This form must be submitted for initial approval by January 16, 2024.
 This form must be submitted for final reimbursement by January 31, 2024
 (ALL required documents must be included with the final reimbursement request)**

2023-2024

SECTION 504 TEACHER UNIT REQUEST - STUDENT FORM

Name of State Licensed Facility:	Facility Code:
Name of Requestor:	Date of Request:
# Of Teacher Units Requested:	

Name of Student	Social Security Number	Date of Birth	Graduation Status	Teacher of Record	504 Plan on file	Documentation of Determination on File	Student Assurances on File

(Additional rows may be added as needed)

As Director of _____, I do certify by my signature below, that this facility meets the definition of a state licensed facility and that students served by the teachers listed on the *SECTION 504 TEACHER UNIT REQUEST* are employed and that the students included on the teacher's class schedule meet the criteria outlined in Miss. Admin. Code 7:3 48.1, State Board Policy, Chapter 48, Rule 48.1. Therefore, I request that the Section 504 Teacher Unit(s) submitted to the Mississippi Department of Education be approved for Funding

1. Children counted for the allocation and approval of a teacher unit(s) shall meet the following criteria:
 - a. Documented birth date verifying age of five (5) through twenty-one (21) years,
 - b. Indication of being a resident citizen of the state of Mississippi,
 - c. Cannot have their educational needs met in the regular public-school programs,
 - d. Have not finished or graduated from high school,
 - e. Determined by competent medical authorities and psychologists to need placement in a state licensed facility as designated below,
 - f. Cannot be counted in average daily attendance when determining the regular teacher unit allocation, and
 - g. Are not eligible for special education as defined under Part B of the Individuals with Disabilities Act (IDEA) and in state regulations.

2. Definition of State Licensed Facility

A state licensed facility is a private facility which has been granted a license by a state agency within the state of Mississippi and is located within the state. The facility is licensed for inpatient treatment, day treatment, residential treatment, or as a group therapeutic home.

Name of Facility Director (Print)

Signature of Facility Director

Date