**MISSISSIPPI DEPARTMENT OF EDUCATION**

**OFFICE OF SPECIAL EDUCATION**

**DIRECTIONS FOR COMPLETING THE NONPUBLIC SCHOOL PROGRAM VERIFICATION FORM**

**SECTION I: NONPUBLIC SCHOOL INFORMATION**

**Nonpublic School:** List the name of the nonpublic school the student will be attending.

**Nonpublic School District:** List the name of the county or the city where the nonpublic school is located.

**Nonpublic School Address:** List the street address, city and zip code of the nonpublic school.

**Nonpublic Principal Name:** List the name of the principal of the nonpublic school.

**Nonpublic Email Address/Phone:**  List the email address and phone number of the nonpublic school.

**SECTION II: VERIFICATION OF NONPUBLIC SPECIAL PURPOSE SCHOOL STATUS**

Put an “X” to indicate that your school is State accredited and organized to provide and emphasizes instruction in speech-language therapy and intervention as the primary purpose.

The Accreditation Letter from the Mississippi Department of Education, Office of Accreditation, must be attached.

**SECTION III: VERIFICATION OF PERSONNEL**

Put an “X” to certify that your school employs speech-language pathologists who meet the requirements listed.

***Complete the attached Teacher Verification Data Sheet:***

**Name of School:** List the name of the nonpublic school.

**District Code Number:** List the district code number assigned by Mississippi Department of Education,

Office of Accreditation.

**Name of Teacher:** List the name of the teacher as it appears on the license. Any discrepancies must be

explained.

**Social Security Number:** List the teacher’s social security number.

**Teacher License Number:** List the teacher license number as it appears on the license and

attach a copy of the license.

**Certificate Level:**  List the level of certification of the license, i.e. A, AA.

**Expiration Date:**  List the expiration date of the license. Note: All licenses must be valid.

**Area(s) of Endorsement:** List the endorsement codes as they appear on the license.

**Superintendent/Head Administrator:** Sign and date the form.

**SECTION IV: ASSURANCES:**

Initial each statement indicating the nonpublic school’s compliance with each of the assurance statements.

The nonpublic principal/director must sign and date the form.

Mississippi Department of Education

Speech-Language Therapy Program/Scholarship (Nate Rogers)

School Year 2017-2018

Nonpublic School Program Verification

*Please complete the following verification and assurances, marking an “x” beside applicable statements to verify compliance with program requirements.*

**SECTION I: NONPUBLIC SCHOOL INFORMATION**

Nonpublic School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nonpublic School District (if applicable):

Nonpublic School Address:

ADDRESS CITY ZIP

Nonpublic School Principal Name:

LAST FIRST

Nonpublic School Email Address: Phone:

**SECTION II: VERIFICATION OF NONPUBLIC SPECIAL PURPOSE SCHOOL STATUS**

**\_\_\_\_** Nonpublic school is a State-accredited nonpublic special purpose school in the State that is organized to provide and emphasizes instruction in speech-language therapy and intervention as the primary purpose.

**\*\*Attach Letter of Accreditation**

**SECTION III: VERIFICATION OF PERSONNEL (LICENSURE & TRAINING)**

\_\_\_\_ Nonpublic school employs speech-language pathologists who have met the requirements andacquired aCertificate of Clinical Competence from the American Speech-Language-Hearing Association, or who have completed training in a department approved American Speech-Language-Hearing Association based speech-language pathology training program attaining an AA (215) license in speech-language pathology.

**\*\*Complete the attached Teacher Verification Data Sheet and attach copies of licenses of certified staff.**

**SECTION IV: ASSURANCES**

\_\_\_\_Nonpublic School is organized to provide and emphasizes instruction in speech-language therapy and intervention as its primary purpose;

\_\_\_\_Nonpublic School is providing a specific learning environment that provides comprehensive speech-language therapy instruction delivered by speech-language pathologists licensed by MDE;

\_\_\_\_Nonpublic School is providing highly qualified education and intervention services to children with a primary eligibility ruling of speech-language impairment;

\_\_\_\_Nonpublic School is providing specialized speech-language instructional program therapy that is scientific, research-based and individualized to meet the specific learning needs of each individual student;

\_\_\_\_Nonpublic School is using instructional approaches that include explicit, direct instruction which is

systematic, sequential and cumulative, individualized to meet the specific learning needs of each

individual student;

\_\_\_\_Nonpublic School will be academically accountable to the parent or legal guardian for

meeting the educational needs of the student by, at a minimum, annually providing to the parent or

legal guardian a written explanation of the student’s progress; and

\_\_\_\_Nonpublic School maintains in the State of Mississippi a physical location where a

scholarship student regularly attends classes.

\_\_\_\_In order to be eligible for future funding under the speech-language therapy scholarship statute,

(Nate Rogers Scholarship) the school will remain in compliance with the statute requirements.

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

Nonpublic Principal / Director Signature Date

Send the completed application and attachments (Certified Mail Return Receipt Requested) to:

Mississippi Department of Education, Office of Special Education

Attn: Speech-Language Therapy Scholarship

P.O. Box 771, Jackson, MS 39205

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SCHOOL YEAR 2017-2018 | | | | | |
| TEACHER VERIFICATION DATA SHEET | | | | | |
| Name of School: | | | District Code Number: | | |
| Name (Use the name on the Teacher’s License) | Social Security Number | Teacher License Number | Certificate Level | Expiration  Date | Area(s) of Endorsement |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Statement of Assurances** (signed by the superintendent of the nonpublic or the head administrator of the nonpublic facility): I do hereby certify that students served by teachers meet the criteria outlined in House Bill 896. Documentation is on file that verifies all criteria are met for each student.

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

Superintendent/Head Administrator’s Signature Date