

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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

VERIFICATION OF PERSONNEL (LICENSURE & TRAINING)	
<i>Required documentation <b>must</b> be attached to this application for the 2024-2025 School Year.</i>	
This school employs dyslexia therapists licensed by the MDE in accordance with the requirements of the dyslexia therapy scholarship statute [House Bill 1031 (2012)].	<input type="checkbox"/> Yes <input type="checkbox"/> 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)].	<input type="checkbox"/> Yes <input type="checkbox"/> No
The administrator / director has additional training in the characteristics of dyslexia.	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL DOCUMENTATION REQUIRED	
2024 – 2025 Tuition Fees	<input type="checkbox"/> Documentation Attached
2024 – 2025 School Calendar	<input type="checkbox"/> Documentation Attached

ASSURANCES	
This school is providing dyslexia therapy that is based on Orton-Gillingham.	<input type="checkbox"/> Yes <input type="checkbox"/> No
This school is providing dyslexia therapy that is offered in a small group.	<input type="checkbox"/> Yes <input type="checkbox"/> No
This school is providing dyslexia therapy that is offered on a daily basis.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Principal / Director Signature _____	Date _____
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MDE Office Use Only				
Date Received	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date Notification Sent	

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

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