

**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: _____

