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| **2016-2017**    **Section 504 Teacher Unit**  **Allocation Request Forms** |

**BSS-ES-F2c Revised June 2016**

# **SECTION 504 TEACHER UNIT ALLOCATION REQUEST**

# **FOR STUDENTS IN A STATE-LICENSED FACILITY**

**(Due June 30, 2016)**

**Please indicate:**

**School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Name of School District***

**Private School Housed Within State-Licensed Facility:**

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***Name of Private School (if different than facility name)***

**A. Name of State-Licensed Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**B. Number of Beds: \_\_\_\_\_\_\_\_\_\_ Average Length of Stay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **C. Teacher** | **District Time** | **Number of 504**  **Students Served** |
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**Please attach the following:**

* **A copy of the facility’s State license**
* **A copy of teacher’s license**
* **A copy of facility’s accreditation**

**Statement of Assurances** (signed by either the superintendent of the school district or the head administrator of the State-licensed facility): I do hereby certify that students served by teachers listed meet the criteria outlined in the State Policy 4901. Documentation is on file that verifies all criteria are met for each student. Therefore, I request that the Section 504 Teacher Unit(s) submitted to the Mississippi Department of Education be approved for funding.

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### Superintendent/Head Administrator’s Signature (Blue Ink) Date

***To Be Completed By MDE Staff:***

## **Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **Division Director Date**

## **Number of Units Allocated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Office Director Date

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**Bureau Director Date**

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| BSS-ES-F2d **Revised June 2016** | | | | | | | |
| TEACHER UNIT ALLOCATION REQUEST CLASS DATA SHEET | | | | | | | |
| Name of School: | | | District Code Number: | | | | |
| Name (Use the Name on the Teacher’s License) | Social Security Number | Total Years Teaching  Experience (whole years) | District Time | Certificate Level  \_\_\_\_\_\_\_\_  Exp. Date | Area(s) of Endorsement | Number of  Section 504 Students  Served |  |
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**Statement of Assurances** (signed by the superintendent of the school district or the head administrator of the State-licensed facility): I do hereby certify that students served by teachers meet the criteria outlined in the State Board Policy 4901. Documentation is on file that verifies all criteria are met for each student. Therefore, I request that the Section 504 Teacher Unit(s) submitted to the Mississippi Department of Education be approved for funding.

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Superintendent/Head Administrator’s Signature (Blue Ink) Date

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| DIRECTIONS: TEACHER UNIT ALLOCATION REQUEST CLASS DATA SHEET  (BSS-ES-F2d) | |
| Name (On Teacher’s License) | List each teacher providing services to children who are eligible under Section 504 and who are placed in a State-licensed facility. |
| Social Security Number | Provide the Social Security Number for each teacher listed. |
| Total Years Teaching Experience (Whole years) | Report the total years of experience teaching for each teacher listed. |
| District Time | Report the percent of time employed for each teacher. |
| Certificate Level | Provide the certificate level for each teacher. |
| Area(s) of Endorsement | Indicate the area(s) of endorsement for each teacher. |
| Number of 504 Students Served | Report the number of students who are eligible for services under Section 504, are placed in a State-licensed facility and are served by a teacher. |
| Justification or Comments | Attach any additional information as required to assist MDE staff in assessing and approving the personnel data reported. |