

**REQUEST FOR SPECIAL EDUCATION SECTION 504  
TEACHER UNIT ALLOCATION  
2021-2022**

☐

Initial Request - Date: \_\_\_\_\_

☐

Final Reimbursement Request - Date: \_\_\_\_\_

(The final Reimbursement Request must include all required documentation.)

University-Based Program Name: \_\_\_\_\_

District Code: \_\_\_\_\_

Number of Special Education  
Teacher Units Requested: \_\_\_\_\_

**STATEMENT OF ASSURANCES**

I hereby certify that the students with disabilities counted on the attached Special Education Teacher Unit Allocation Worksheets meet the following criteria:

1. Children counted for the allocation and approval of a teacher(s) unit must meet the following:
  - 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 Education Act (IDEA) and in state regulations.

 \_\_\_\_\_  
 Facility Director Name (Print)

 \_\_\_\_\_  
 Email Address

 \_\_\_\_\_  
 Telephone Number

 \_\_\_\_\_  
 Facility Director Signature

**THIS SECTION FOR MDE USE ONLY**

Date Submitted

Number of SPED Units  
Requested

Number of SPED Units Approved

To Be Completed by MDE Staff:

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_