Form 2a

2021-2022

DIRECTIONS FOR COMPLETING SECTION 504 TEACHER UNIT CERTIFICATION REQUEST

TEACHER FORM

REQUIRED SUBMISSION	DIRECTIONS	THE FOLLOWING DOCUMENTATION IS REQUIRED BY DEC. 17, 2021, PRIOR TO FINAL APPROVAL OF THE REQUESTED TEACHER UNIT REIMBURSEMENT
Name of Teacher as it appears on MS teacher's license or driver's license	Provide the name of each teacher providing services to children who are eligible under Section 504 and who are placed in a state licensed facility.	• Copy of current teacher license that includes endorsements and certification levels • Copy of the teacher's social security card • I-9 Form • Signed notarized assurance of years teaching • Copy of Signed Teacher Contract • Copy of teacher schedule verified and signed by the teacher • Copy of the class roster (to include ONLY students with a current, active 504 plan developed annually) verified and signed by the teacher • Copy of all students' current 504 plan • Documentation of determination by competent medical authority and psychologist to need placement in a state licensed facility (medical report, diagnosis, admission document, etc.) • Signed Statement of Assurances • Copy of State Facility License
Teacher License Number	Provide the teacher's license number.	
Areas of Endorsement	Provide the areas of endorsement on the Form.	
Social Security Number	Provide the Social security Number for each teacher.	
Total Years' Experience (Whole Years)	Provide the total years of experience **teaching** as defined in MS Code Ann §§37-151-5 for each teacher listed.	
District Time	Provide the percent of time employed for each teacher.	
Number of 504 Students Served by the teacher	Provide the number of students who are eligible for services under Section 504, have a current, active 504 Plan developed annually and are served in a State-Licensed Facility.	

NOTE: This form must be submitted for initial approval by September 30, 2021.
This form must be submitted for final reimbursement by December 17, 2021.
(ALL required documents must be included with the final reimbursement request)

Form 2b

MISSISSIPPI DEPARTMENT OF EDUCATION
Ensuring a bright future for every child

2021-2022

SECTION 504 TEACHER UNIT REQUEST - TEACHER FORM

Name of State Licensed Facility:	**Facility Code:**
Name of Requestor:	**Date of Request:**
# Of Teacher Units Requested:	

Name of Teacher	License Number	Areas of Endorsement	Certification Level/ Exp. Date	Social Security Number	Total Years Experience	Years Experience Teaching in Public School	Number of 504 Students Served 2021-22

(Additional rows may be added as needed)

Form 2c

As Director of _____, I do certify by my signature below, that this facility meets the definition of a state licensed facility and that students served by the teachers listed on the *SECTION 504 TEACHER UNIT REQUEST* are employed and that the students included on the teacher's class schedule meet the criteria outlined in Miss. Admin. Code 7-3: 48.1, State Board Policy Chapter 48, Rule 48.1. Therefore, I request that the Section 504 Teacher Unit(s) submitted to the Mississippi Department of Education be approved for Funding

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

2. Definition of State Licensed Facility

    A state licensed facility is a private facility which has been granted a license by a state agency within the state of Mississippi and is located within the state. The facility is licensed for inpatient treatment, day treatment, residential treatment, or as a group therapeutic home.

_____

Name of Facility Director (Print)

_____ _____

Signature of Facility Director Date