

REQUEST FOR SPECIAL EDUCATION SECTION 504 TEACHER UNIT ALLOCATION 2022-2023

☐ Initial Request – Date: _____

☐ Final Reimbursement Request – Date: _____
(The final Reimbursement Request must include all required documentation)

Program/District Name

Program/District Code:

Number of Section 504 Teacher
Units Requested

STATEMENT OF ASSURANCES

I hereby certify that the students with disabilities counted on the attached Section 504 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

Program Director Name (Print)

Email Address

Program Director Signature

Telephone Number

THIS SECTION FOR MDE USE ONLY

Date Submitted

Number of Section 504 Teacher
Units Requested

Number of Section 504 Teacher
Units Approved

To Be Completed by MDE Staff:

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____