

**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: _____

