



DIVISION OF SPECIAL EDUCATION
FACILITY REVIEW FORM
CONTRACTED NON-PUBLIC SCHOOL PROGRAM

NAME OF FACILITY _____

ADDRESS _____

TELEPHONE NUMBER _____

DIRECTOR/ADMINISTRATOR _____

OTHER STAFF MEMBER(S) TO BE CONTACTED FOR FURTHER INFORMATION:

Check one:

- Contact only Director/Administrator
- Staff member(s) below may be contacted for additional information

Name	Title
_____	_____
_____	_____
_____	_____

I certify that the information provided in this Facility Review Form is accurate and complete to the best of my knowledge.

DIRECTOR/ADMINISTRATOR: _____ DATE: _____
Signature

POPULATION SERVED

1. Age range: _____
2. Sex: Male Female
3. Exceptionalities served: _____

4. Intellectual criteria (if any): _____

5. Exclusionary criteria: _____

6. Other admission criteria: _____

7. Average length of stay: _____

PHYSICAL PLANT

1. Size of property: _____
2. Description of educational facilities (please include sizes of instructional areas):

3. Description of residential facilities, if applicable:

4. Description of other facilities (with emphasis on those used by students):

5. Is your facility accessible to physically handicapped students?
 No Yes; please specify how in both educational and other components of the facility:

6. Are provisions made for non-ambulatory students to attend your facility?
 No Yes; please specify how in both educational and other components of the facility:

7. Description of your library facilities (including the number of volumes):

8. Date of most recent health inspection: _____
Attach a copy of health inspection certificate/report.
9. Date of most recent sanitation inspection: _____
Attach a copy of sanitation inspection certificate/report.
10. Date of most recent fire inspection: _____
Attach a copy of fire inspection certificate/report.
11. If your facility has not had the inspections referenced above in items 8, 9, or 10, would you be willing to notify the appropriate authorities in your region to have these inspections completed? No Yes

Please note that the Florida Department of Education requires that a NON-PUBLIC school have these inspections in order for a local Florida school district to contract with the NON-PUBLIC school.

ADMINISTRATIVE POLICIES, PROCEDURES AND RELATED ISSUES

1. Please state your procedures relative to confidentiality of student records and information. (Attach a copy of existing written procedures on confidentiality of student records/information, or specify them below. Use additional sheets as needed.)

2. Will you allow the parent (or the student if beyond 18 years old) the right of access and copies of records?

No Yes

3. Do you have a procedure by which a parent (or student beyond the age of 18) can challenge the accuracy of the contents of records? No Yes Please specify:

If not, would you be willing to establish a procedure? No Yes

4. Please specify your procedures for admission, dismissal and separation of students with specific relevance to the educational program. (Please attach a copy of existing written procedures on these issues, or specify them below. Use additional sheets if necessary.)

5. Please specify your policies on each of the following areas. (Please attach a copy of existing written procedures on each area, or specify them below. Use additional sheets as needed.)

a. Care of Students in Emergencies

b. Clinical and Administrative Records

c. Personnel Policies

d. Staff Duties

e. Fee Schedules

f. Food Service

g. Insurance Coverage

6. Is your facility in compliance with the Office of Civil Rights requirements with respect to nondiscrimination of matters related to race, sex, handicap and age (including applicable provisions of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1974 and Section 504 of the Rehabilitations Act of 1973)? No Yes
Please specify your policy on nondiscrimination in these areas, or attach an existing policy that addresses each of these areas.

7. Please list all accreditations held by your facility.

8. Would you be willing to file the Annual Non-Public School Survey with the Florida Department of Education? (This is a one-page survey that collects selected information about non-public schools in Florida.) No Yes

9. Please identify by position the staff member who would be responsible for the administration of the provisions of a contract for any contract(s) developed between your facility and the Miami-Dade County Public Schools for a student(s) educational placement. _____

TRANSPORTATION

1. What type of transportation service do you offer? (Please include a description of the vehicles used.)

2. Do you have a lift bus or similar transportation arrangements for non-ambulatory students? No Yes

EDUCATIONAL PROGRAMMING, POLICIES, PROCEDURES AND RELATED ISSUES

1. How many school days are in your instructional year? _____
2. What are the daily hours of your instructional program? _____
3. Do you provide a minimum of 25 instructional hours per week for students (excluding lunch and time spent in class changes)?
 Yes No Please specify hours. _____

4. Please state your philosophy, curriculum and methodology for each special program that you provide to students. (Please attach a copy of existing written procedures on the areas outlined above, or specify them below. Use additional sheets as needed.)

5. Please provide a description of support services (e.g., counseling, parent education, respiratory therapy, etc.) available in your facility which could be provided to support the educational placement of students. (Please attach a copy of existing written procedures on the above areas, or specify them below. Use additional sheets as needed.) If your facility considers physical therapy, occupational therapy and speech therapy to be related support services rather than programs, please describe them in this section.

6. Please describe the diagnostic and evaluative services provided by your facility.

7. Please describe your procedure for providing report cards and other progress reports to parents.

8. How many teachers are on your staff? _____

9. What is the teacher-to-student ratio? _____

10. Please list the number of teachers holding a valid teacher certificate in the following areas, and indicate the state which issued the certification. (Under *Area of Certification*, please specify the number of teachers in each area.)

Area of Certification	No. (Fla.)	No. & State	Area of Certification	No. (Fla.)	No. & State
Mentally Handicapped	_____	_____	Emotionally Handicapped	_____	_____
Learning Disabled	_____	_____	Visually Handicapped	_____	_____
Deaf/Hard of Hearing	_____	_____	Speech	_____	_____
Profoundly Handicapped	_____	_____	(Other - Specify)	_____	_____
			(Other - Specify)	_____	_____

Please attach a copy of all teacher certificates.

11. What types of in-service programs do you provide for your teachers?

12. Please identify the number of personnel in each category below. (Any additional category may be listed in the blank spaces provided below.)

	FULL TIME	PART TIME	CONTRACTED
Certified Exceptional Ed. Teachers	_____	_____	_____
Other Teachers	_____	_____	_____
Teacher Aides/Assistants	_____	_____	_____
Speech Therapists*	_____	_____	_____
Physical Therapists*	_____	_____	_____
Occupational Therapists*	_____	_____	_____
Psychologists*	_____	_____	_____
Social Workers*	_____	_____	_____
Childcare Workers/Residential Staff	_____	_____	_____
Vocational Specialists	_____	_____	_____
Recreational Specialists	_____	_____	_____
Psychiatrists*	_____	_____	_____
Neurologists*	_____	_____	_____
Other Physicians*	_____	_____	_____
Nurses	_____	_____	_____
Administrators/Supervisors	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* In addition to teacher certificates requested above, please send copies of teacher (educational) certification, if applicable, or other professional licenses of staff.

13. Please identify by position the staff member who would be responsible for the supervision of the educational program provided to each student placed at your facility through contract with the Miami-Dade County Public Schools.

OTHER INFORMATION

- Are you willing to provide progress reports on a quarterly basis and a summary evaluation prior to the end of the school year on every student placed at your facility through contract with the Miami-Dade County Public Schools? Yes No
- Are you willing to have personnel from the Miami-Dade County Public Schools make an on-site visit to your facility to review the program and confer with staff prior to implementation of a contractual agreement and, if a contractual agreement is entered, to make periodic visits to the facility to monitor the student's progress, among other areas? Yes No

3. Are you willing to provide attendance reports and report cards (or other reports of educational courses and progress) on any student placed at your facility through contract with the Miami-Dade County Public Schools? Yes No

4. How would you determine fees under a contractual agreement with the Miami-Dade County Public Schools?

5. Please indicate your current fees in the tuition categories specified below. (Any additional category may be added in the blank spaces provided below.) Indicate, also, the time period for these fees.

- Annual _____ Calendar Year _____ Instructional Year
- Monthly
- Weekly
- Daily
- _____
(Other - Specify)

TUITION/FEES

Educational Services	\$	_____
Residential	\$	_____
Maintenance (Food)	\$	_____
Medical Services	\$	_____
Psychiatric Services	\$	_____
Counseling Services	\$	_____
Speech Therapy	\$	_____
Physical Therapy	\$	_____
Occupational Therapy	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

6. Please use the space below for any other information about your facility that you want to provide to the Miami-Dade County Public Schools.

Thank you for your assistance in completing this Facility Review Form.