

Request for Waiver of Age or Program Capacity For Placements in Approved In-State Programs Under the New Hampshire Rules for the Education of Children with Disabilities

Ed 1126.04 Waiver Process for Placements in Approved In-State Programs.

- (a) The LEA may submit a request to the department to place an additional student who does not meet the approved public or private in-state program’s age range or program capacity.
- (b) The department shall review the LEA’s request and shall approve said request if it meets the criteria set forth in Ed 1126.04(e)-(f);
- (c) The LEA or private in-state special education program, upon the department’s approval of the assurances and request detailed in Ed 1126.04(d)-(e), may:
 - (1) Accept one student who meets an approved special education program’s “disabilities served” but is below or above the program’s age range by no more than one year; or
 - (2) Accept one student who meets the program’s age-range and disabilities served, but whose acceptance will result in the program exceeding its program capacity by no more than one additional student.
- (d) No more than one student may be placed in any approved public or private special education program pursuant to Ed 1126.04.
- (e) The LEA shall provide the department with evidence that:
 - (1) The proposed placement will provide the student a FAPE; and
 - (2) The proposed placement will provide the student access to and the ability to progress in the general curriculum.
- (f) The request for the waiver shall include the following information:
 - a. Information on a current waiver, if applicable;
 - b. Student name;
 - c. Date of birth;
 - d. Current grade;
 - e. Name of LEA;
 - f. Name of private in-state agency;
 - g. Name of approved special education program;
 - h. Name and contact information of person completing the request;
 - i. Description of how the proposed placement will provide the student with a FAPE;
 - j. Description of how the proposed placement will provide the student access to, and the ability to, progress in the general curriculum; and
 - k. A copy of the student’s IEP.
- (g) An LEA shall not place a child with a disability pursuant to Ed 1129.04 until the LEA has received written approval from the department. The department shall approve or disapprove the placement within 5 business days.

Please provide the following information regarding the approved in-state program:			
Name of Private In-state Agency:			
Name of Approved Special Education Program: (as it appears in NHSEIS)			
Contact name and title for the approved in-state program:	Telephone Number:		
	Email address:		

Please return request to:
Heidi Clyborne
Email: Heidi.A.Clyborne@doe.nh.gov

Please complete the following:

Age Waiver for Students K-12 or **Program Capacity Waiver**

Student Name:		Date of Birth:		Current Grade:	
LEA:					
Name of Person completing form:				Title:	
Telephone:		Email:			

Please attach:

<input type="checkbox"/> A Description of how the proposed placement will provide the student with FAPE
<input type="checkbox"/> Evidence that the proposed placement will provide the student FAPE
<input type="checkbox"/> A Description of how the proposed placement will provide the student access to, and the ability to, progress in the general curriculum:
<input type="checkbox"/> Evidence that the proposed placement will provide the student access to and the ability to progress in the general curriculum
<input type="checkbox"/> A copy of the student's current agreed upon IEP

I certify that the information provided by the LEA in this request is accurate:

Signature of Authorized Private In-State Agency Director

Date

I certify that the information provided by the LEA in this request is accurate:

Signature of Authorized District (LEA) Representative

Date

NHDOE USE ONLY

Signature of Authorized NH State Department of Education Representative Approving Request

Date