***Colorado Department of Education***

***Exceptional Student Services Unit***

Application for a New or Reorganized Administrative Unit

*Directions: The applicant district should respond to each question below by providing complete and accurate information. Before completing the application, please carefully review ECEA Rule* [*3.01(3)*](https://www.coloradosos.gov/CCR/GenerateRulePdf.do?ruleVersionId=11935&fileName=1%20CCR%20301-8)*. Completed applications should be electronically mailed to* [AU\_ReOrganization@cde.state.co.us](mailto:AU_ReOrganization@cde.state.co.us).

Name of Applicant District: Click or tap here to enter text.

The name of Existing Administrative Unit that the applicant district is currently a member: Click or tap here to enter text.

For applicant districts seeking to change administrative units, provide the name of existing approved administrative unit the applicant district is applying to join: Click or tap here to enter text.

|  |  |
| --- | --- |
| **Contact Information** |  |
| *Applicant District’s Primary Contact*  Name: Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone Number: Click or tap here to enter text.  Superintendent’s email address: Click or tap here to enter text.  Superintendent’s mailing address: Click or tap here to enter text. | *Existing Approved Administrative Unit’s Primary Contact (If applicable)*  Name: Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone Number: Click or tap here to enter text. |

## Section 1 – Conferral, Third-Party Review, and Mediation

### Conferral Process

How has the applicant district engaged in the conferral process with impacted entities (e.g., the existing AU and its members) prior to submitting the application? Please provide dates of meetings and a brief description of any decisions that were made as part of the conferral process. Attach agenda and meeting notes, if available. Click or tap here to enter text.

### Third-Party Report

Was a third-party review requested by any of the impacted entities?

Yes

No

If yes, please provide the name of the individual(s) or firm completing the third-party report. Click or tap here to enter text.

*Assurance Statement for Applicant District’s Applying to for a Reorganized AU*

The applicant district acknowledges that it is responsible for the cost of the third-party report and affirms that the individual(s) or firm selected to provide the third-party report has sufficient expertise in the following areas: accounting, special education budget development and projection, special education fiscal requirements, and the delivery of special education services.

The third-party report must be submitted with this application. The third-party report must provide an analysis of:

* **Financial viability**: Projected revenues, expenditures, and impact on funding for new and existing AUs.
* **Programmatic impact**: Changes in service delivery and effects on student access and outcomes.
* **Staffing considerations**: Recruitment, retention, and workforce stability across AUs.
* **Potential risks**: Disruptions to student services and feasibility of mitigation strategies.
* **Student outcomes**: Whether the reorganization improves academic and functional performance through effective service delivery.

### Mediation

Did the applicant district or any of the affected parties request mediation?

Yes

No

If yes, please provide the date(s) of the mediation: Click or tap here to enter text.

Please provide any relevant information that may be needed for the review and approval process.

Click or tap here to enter text.

## Section 2 - Letter of Intent

The applicant district must provide a letter of intent that:

* Specifies the objectives to be sought by the change in administrative units.
* States the positions of the entities impacted by the application, based on a conferral that occurred prior to the filing of the application.
* States whether any entity has requested a third-party review of the application, based on a conferral that occurred prior to filing the application and confirms that the parties agreed upon the third-party provider.

Attach the applicant district’s letter of intent to the application.

## Section 3 - Provision of Special Education and Related Services

### Special Education Comprehensive Plan

Please attach a draft copy of the new or reorganized administrative unit’s [special education comprehensive plan](http://www.cde.state.co.us/cdesped/dircorner). Please select one of the following options:

The new or reorganized administrative unit intends to adopt CDE’s Model Special Education Comprehensive Plan in its entirety, including all the requirements of *Appendix B: Required AU Specific Information*.

**Attach** the applicant district’s Appendix B.

The new or reorganized administrative unit intends to develop its own special education comprehensive plan that fully complies with those elements required in the CDE model comprehensive plan.

**Attach** the applicant district’s Comprehensive Plan and Appendix.

### Licensed Educational and Special Service Providers

Describe the method or standard by which the newly formed or reorganized administrative unit will determine the number and types of special education personnel needed to meet the needs of children with disabilities in the administrative unit. Please select one of the following options:

The applicant district is applying to form a new single member administrative unit and has attached Appendix B of the proposed AU’s *Comprehensive Plan for the Provision of Special Education*. Appendix B must address the following:

* A description of the proposed AU’s financial commitments and agreements for the provision of special education programs and services.
* The method or standards utilized to determine the number and types of special education personnel required to meet the needs of children with disabilities.
* Procedures for regular, periodic evaluation of programs, services and student progress.

The applicant district is applying to join an approved administrative unit and by checking this box affirms that it will comply with all the requirements outlined in the approved administrative unit’s *Comprehensive Plan for the Provision of Special Education* including Appendix B of the Plan. Please attach Appendix B of the reorganized administrative unit the applicant district proposes to join.

### Personnel Required to Meet the Needs of Children with Disabilities

Based on the method or standards identified in Appendix B that will be utilized to determine the number and types of special education personnel required to meet the needs of children with disabilities, indicate the anticipated number of FTE(s) for each position listed below that will be dedicated to serving students within the applicant district. Please use the drop-down boxes in the funding column to indicate which entity is anticipated to fund the position(s).

| **Position** | **FTE** | **Funding** |
| --- | --- | --- |
| Special Education Teachers |  | Choose an item. |
| Early Childhood Special Education Teacher |  | Choose an item. |
| Special Education Paraprofessional |  | Choose an item. |
| Special Education Specialist: Deaf and Hard of Hearing |  | Choose an item. |
| Special Education Specialist: Visually Impaired |  | Choose an item. |
| Speech-Language Pathologist |  | Choose an item. |
| School Nurse |  | Choose an item. |
| Occupational Therapist |  | Choose an item. |
| Physical Therapist |  | Choose an item. |
| School Psychologist |  | Choose an item. |
| Social Worker |  | Choose an item. |
| Audiologist |  | Choose an item. |
| Speech-Language Pathology Assistant |  | Choose an item. |
| Orientation and Mobility Specialist |  | Choose an item. |
| Educational Interpreter |  | Choose an item. |
| Adaptive PE Teacher |  | Choose an item. |
| Transition Coordinator |  | Choose an item. |
| Board Certified Behavior Analyst |  | Choose an item. |
| Child Find Coordinator (birth to 21) |  | Choose an item. |
| Assistive Technology Coordinator |  | Choose an item. |
| Other: |  | Choose an item. |
| Other: |  | Choose an item. |
| Other: |  | Choose an item. |

### Provision of Licensed and Endorsed Special Education Administrative Staff

Indicate the number of licensed and endorsed special education administrative staff that will be available to the new or reorganized administrative unit. Please use the drop-down box in the funding column to indicate which entity is anticipated to fund the position.

| **Position** | **Staff FTE** | **Entity Responsible for Funding** |
| --- | --- | --- |
| Fully Licensed Special Education Director |  | Choose an item. |
| Assistant Special Education Director |  | Choose an item. |
| Instructional Program Coordinator/Supervisor |  | Choose an item. |
| Non-Instructional Program Coordinator/Supervisor |  | Choose an item. |

## Section 4 - Administrate Unit Governance

Indicate the type of board that will govern the proposed new or reorganized administrative unit.

Single district AU’s local board of education.

Board of cooperative services governing board.

### Districts Applying to Reorganize and Join an Approved Administrative Unit

For districts applying to reorganize and join an approved administrative unit please **attach a copy of the operating agreement** that will be signed if the reorganization is approved. The operating agreement must:

* Clearly define the special education responsibilities of the administrative unit and each member district.
* Clearly state that the operating agreement will remain binding throughout the duration of the agreement, regardless of:
  + Changes in governance of member school districts.
  + Changes in the composition of the administrative unit.
  + Personnel changes in a member district or the administrative unit.
* Clearly establish the special education fiscal arrangement between the administrative unit and its member districts.

#### Assurance Statement for Applicant District’s Applying to for a Reorganized AU

By checking this box, the applicant district affirms that, if approved, it will enter into the operating agreement provided with this application and abide by all policies and procedures contained in the reorganized AU’s comprehensive plan.

## Section 5 - Gifted Education

Each administrative unit must provide a gifted education program in accordance with Colorado’s Exceptional Children’s Educational Act and the rules of the state board. Each administrative unit must adopt a gifted education program plan that the administrative unit can implement within the local, state, and federal moneys and resources that are available to the administrative unit for gifted education.

Please attach a draft copy of the proposed administrative unit’s [gifted education comprehensive plan](https://www.cde.state.co.us/gt/directors#programplans). Please select one of the following options:

The new or reorganized administrative unit intends to adopt the CDE model gifted education comprehensive plan in its entirety.

The new or reorganized administrative unit intends to develop its own gifted education comprehensive plan which fully complies with those elements required in the CDE model comprehensive plan.

### Provision of Licensed and Endorsed Gifted Education Staff

Indicate the number of qualified personnel with endorsement or an advanced degree in gifted education that will be available to provide instruction, counseling, coordination, and other programming for gifted students to the new or reorganized administrative unit. Please use the drop-down box in the funding column to indicate which entity is anticipated to fund the position.

| **Position** | **Staff FTE** | **Entity Responsible for Funding** |
| --- | --- | --- |
| Fully Licensed Gifted Education Director |  | Choose an item. |
| Fully Licensed Gifted Education Teacher(s) |  | Choose an item. |
| Instructional Program Coordinator/Supervisor |  | Choose an item. |
| Other |  | Choose an item. |

## Section 6 - State and Federal Standards

### Special Education Compliance – State Complaints or Due Process Hearings

Within the past four years have there been any findings issued because of a state complaint or due process hearing that were the responsibility of the applicant district or one of its schools?

Yes

No

If yes, please indicate how the noncompliance was identified:

Finding(s) issued because of a state complaint concerning actions taken by the applicant district or one of its schools within the applicant district.

Please list state complaint case number(s): Click or tap here to enter text.

An adverse decision resulting from a due process case concerning actions taken by the applicant district or one of its schools within the applicant district.

Please list due process hearing case number(s): Click or tap here to enter text.

If yes to either of the above, has the applicant district implemented or supported the implementation of all remedies of the required corrective action plans (CAPs) within the required timelines?

Yes

No

If not, please identify which CAP or ordered remedies have not been completed within the required timelines and provide an explanation: Click or tap here to enter text.

### Special Education Compliance – General Supervision or Monitoring Activities

Within the past four years has the applicant district ever been identified (or responsible for its current AU being identified) as noncompliant because of any general supervision or monitoring activities conducted by the Department?

Yes

No

If yes, please indicate how the noncompliance was identified:

Finding(s) issued as result of a desk audit specific to the applicant district.

Finding(s) issued because of an on‐site monitoring specific to the applicant district.

Corrective action specific to the applicant district’s impact on the administrative unit’s SPP Indicators. (For example, the AU was required to develop a corrective action plan because the applicant district contributed to missed evaluation and eligibility timelines as tracked through Indicator 11.)

Please indicate which indicator(s) were identified for the corrective action due to the impact of the applicant district’s performance on the administrative unit for the applicant district: Click or tap here to enter text.

A root cause analysis indicated that the applicant district contributed to the existing administrative unit’s designation as significantly disproportionate.

Data analysis indicated that the AU was unable to provide approved justification for exceeding the 1% participation rate on alternate assessments.

Other: Click or tap here to enter text.

If yes to any of the above, has the applicant district implemented or supported the implementation of all remedies of the required corrective action plans (CAPs) within the required timelines?

Yes

No

If not, please identify which CAP or ordered remedies have not been completed within the required timelines and provide an explanation:

Click or tap here to enter text.

### Special Education Data Reporting

Has the applicant district complied, or enabled its existing administrative unit to comply, with all federal and state reporting requirements, including fiscal and data reporting requirements

Yes

No

If no, specify the report and nature of the noncompliance:

| **Name of Federal or State Report** | **Summary of Noncompliance** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

Has the applicant district provided accurate and timely submission of all special education student, staff, and cost and revenue data on or before dates established by the Colorado Department of Education, or ensured this information has been provided to the existing administrative unit in a timely manner?

Yes

No

If not, specify the report and which submissions were late or had data quality concerns.

| **Name of Data Submission** | **Nature of Concern** |
| --- | --- |
|  | Timely Submission Data Quality |
|  | Timely Submission Data Quality |
|  | Timely Submission Data Quality |
|  | Timely Submission Data Quality |

## Section 7 - Fiscal Standards as Required by IDEA and ECEA

Does the applicant district have a current federal application, approved by the Colorado Department of Education, for IDEA Part B and Preschool grant funds? ECEA Rule 3.01(1)(a)(iii).

Yes

No

The applicant district is currently a member of an existing administrative unit and receives IDEA funds through its existing administrative unit.

Attach all policies that govern how special education expenditures will be tracked to ensure that funds are used solely for allowable uses:

Currently Adopted Local Board Policy (please attach)

Draft policies that will be adopted if application is approved (please attach)

Has the applicant district or its existing administrative unit failed to meet its current maintenance of effort requirement (MOE)?

Yes

No

Has the applicant district received a qualified or modified opinion on a single audit within the past three years?

Yes

No

If yes, please attach a copy of the audit(s) in which the qualified or modified opinion was offered.

## Section 8 - Additional Information

Please indicate which of the following appendixes have been completed:

Appendix 1 - Individual Applicant District Seeking to Form a Reorganized Administrative Unit

Appendix 2 - Individual Applicant District Seeking to Form a New Single Member Administrative Unit

Appendix 3 - BOCES Seeking to Dissolve

## Section 9 - Assurances and Signatures

I certify that the information provided in the application is complete and accurate to the best of my knowledge.

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Superintendent, Applicant District

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Board President, Applicant District

**Applications must be submitted no later than 5:00 PM on September 1st or the following business day if September 1st falls on a weekend or holiday. Late application will not be accepted.**

Please note: ECEA Rule 3.01(4)(c) allows for the CDE or another entity to request additional information or documentation from the applicant district. If the existing administrative unit requires additional information or documentation that it believes should be considered by CDE, the existing administrative unit may request the information or documentation directly for the applicant district. The applicant district should seek to provide the requested information or documentation to the existing administrative unit in a timely manner so that this information may be provide to the CDE no later than October 1.

## DEFINITONS

**Applicant District** – The applicant district is the local education agency applying to form a new, single member administrative unit or to join another approved administrative unit.

**Approved Administrative Unit** – An administrative unit that has already been approved by CDE and is currently operating and providing services to students with disabilities.

**Existing Administrative Unit** – The existing administrative unit is the AU/BOCES that the applicant district is currently a member of at the time of the application.

**New Administrative Unit –** A school district or board of cooperative services newly approved by the Colorado Department of Education to provide educational services to exceptional students.

**Reorganized Administrative Unit** – A reorganized administrative unit is formed when an applicant district joins a currently approved administrative unit. For example, the Rocky Mountain School District joins the Mile High BOCES which is already made up of five other school districts.

## Appendix 1

### Individual Applicant District Seeking to Form a Reorganized Administrative Unit

## Appendix 2

### Individual Applicant District Seeking to Form a New Single Member Administrative Unit

*Directions: Appendix 2 is to be completed only by an applicant district that is currently a member of a BOCES/AU or multidistrict AU seeking to become a new, single member administrative unit.*

Has the applicant district’s existing administrative unit been notified in writing of the applicant district’s intent to withdraw from its existing administrative unit and apply to form a new, single member administrative unit?

Yes, please see Letter of Intent.

No, please explain. Click or tap here to enter text.

Has the applicant district’s intent to apply to form a new, single member administrative unit been approved by the applicant district’s local school board?

Yes, attach the board agenda and meeting minutes that indicate the outcome of the vote.

No, please explain. Click or tap here to enter text.

Has the applicant district’s intent to withdraw from the existing administrative unit and apply to form a new, single member administrative unit been discussed in an open session at a meeting of the applicant district’s current administrative unit’s governing board?

Yes, attach the board agenda and board minutes.

No, please explain.

What funding sources does the applicant district plan to use to ensure the provision of special education and related services to students within its jurisdiction?

☐ ECEA Special Education Allocations

Indicate anticipated funding amounts from ECEA Allocations: Click or tap here to enter text.

ECEA High-Cost Funds

☐ IDEA Preschool Grant (3–5-year-olds)

Indicate anticipated funding amounts from IDEA Preschool Grant: Click or tap here to enter text.

☐ IDEA Part B Grant (3–21-year-olds)

Indicate anticipated funding amounts from IDEA Grant: Click or tap here to enter text.

☐ District/Local Funds

Indicate anticipated funding amounts from District/Local Funds: Click or tap here to enter text.

☐ Other Click or tap here to enter text.

Indicate anticipated funding amounts from Other Funds: Click or tap here to enter text.

Does the applicant district have concerns related to its ability to fully fund the implementation of special education services to students within its jurisdiction as required under the IDEA or the ECEA?

Yes, please provide a detailed explanation as to why the applicant district is seeking to form a new administrative unit. Click or tap here to enter text.

No

Does the applicant district have contingency plans for funding a high-cost student within the fiscal year in which services may be required in accordance with the child’s individual education plan[[1]](#footnote-1)?

Yes, please provide a detailed description of the contingency plan. Click or tap here to enter text.

No, please explain. Click or tap here to enter text.

## Appendix 3

### BOCES Seeking to Dissolve

*Directions: Appendix 3 is to be completed only by a BOCES that is seeking to dissolve, and all member districts are seeking to join another reorganized AU or become a new AU.*

Please provide a detailed plan that addresses plans for maintaining service for all students in the existing BOCES. CDE will only be able to consider approval for an application if all students in the current AU are under new approved comprehensive plans for a new or reorganized AU.

Click or tap here to enter text.

1. The Special Education Fiscal Advisory Committee has defined a high-cost students to be $25,000 per student for special education students served within the administrative unit and $40,000 per student for special education students served outside of the administrative unit. [↑](#footnote-ref-1)