

Youth Education Coordinating Form

SECTIONS 1 - 5 to be completed by the Human Services Program

<i>Name of Human Services Program</i>	<i>Date</i>
<i>Type of Human Service Program (i.e. Proctor Agency, Residential Treatment Center)</i>	
<i>Address</i>	<i>Phone</i>
<i>License #</i>	<i>Renewal Date:</i>

SECTION 1

Mark all that apply:

☐ I am requesting Education Services from _____ School District

☐ Educational services to be provided by the local school district for students whose custodial parents or legal guardians reside outside the state of Utah.

Detailed Education Service Plan and funding plan including evidence that all costs for educational services to be provided to the education entitled children, including tuition and school fees shall be borne by the human services program required.

☐ I plan to provide education services through an accredited private school

Description of Education Service Program required (school district information or accredited private school information). Please attach education services accreditation documentation.

<i>Name of Education Service Program</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>Phone</i>	<i>Website</i>
<i>Accredited by</i>	

SECTION 2

Human Services Program (HSP) Information/Education Plan

Description of Population to be Served:

<p><i>Do you have a state contract serving youth in care (mark no for sole source contracts)?</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><i>Number of children (License capacity for the facility) served by the HSP estimated to be enrolled in the local school district (if your program has an accredited private school this number may be 0):</i></p>
<p><i>The ages and grade levels of children served by the Human Services Program estimated to be enrolled in the local school district (if your program has an accredited private school this number may be 0):</i></p>
<p><i>The subjects or hours of the school day for which children served by the HSP are estimated to enroll in the local school district (Ex. group academic services 8-10, therapeutic services 10-12 & academic services 1-3 for a total of 4 hours of academic services) (if your program has an accredited private school this number may be 0):</i></p>
<p><i>Does/will this program serve out of state youth?</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><i>If yes, and the HSP is requesting services of the school district where the program will be operated, provide an education funding plan as per 26B-2-116(4).</i></p>

SECTION 3

Transportation Plan:

The method or arrangements for the transportation of children served by the HSP to and from the school.

SECTION 4

Proposed educational arrangement with the school district

If the HSP is proposing that educational services be provided outside of the traditional school setting please provide a description and rationale of the educational program requests here:

SECTION 5

Human Services Program Emergency Contact Information:

Direct contact information for the purposes of checking a child out of school that is served by the HSP during the school day in case of illness, disciplinary removal by a school, or emergency evacuation of a school. These contacts must be given to the person enrolling students into the school district as emergency contacts.

<i>Primary Contact Name:</i>	<i>Phone Number(s):</i>	<i>Title/Relationship to Youth:</i>
<i>Alternate Contact Name:</i>	<i>Phone Number(s):</i>	<i>Title/Relationship to Youth:</i>

Section 6 and Section 7 to Be Completed by the School District:

SECTION 6

<i>Name of School District</i>	<i>Date</i>
<i>Address of School District</i>	<i>Phone</i>
<i>School District Point of Contact Name</i>	<i>Point of Contact Phone</i>

SECTION 7

School District Responsibilities

The school district must provide the following information to the HSP if support from the school district is requested:

(Mark each as provided)

- ☐ Enrollment procedure and forms (if all day educational services are not being provided, follow LEA procedure for shortened day schedules, e.g. dual enrollment).
- ☐ Documentation required, prior to enrollment, from each of the child's previous schools of enrollments.
- ☐ If applicable, a schedule of the costs for tuition and school fees.
- ☐ Schools and services for which a child served by the HSP may be eligible.

Educational Service Plan Acceptance or Denial

- ☐ **Approved:** The educational services plan provides evidence that children served by the human services program shall receive appropriate educational services satisfying the requirements of applicable law.
 - ☐ As evidence of a partnership with an accredited educational institution, OR
 - ☐ The educational request from the HSP are able to be provided by _____ School District
- ☐ **Not Approved:**

The _____ School District finds the program plan of
_____(Provider) to be inadequate for
the following reasons:

In order to receive approval of its Educational Service/Funding Plan, the HSP must:

This document will be considered null and void in the event of any changes reflected in the information above and/or upon expiration of the Human Services Program's license.

The completion and signing of this Youth Education Coordinating Form does not endorse, support, or oppose licensure of the Human Services Program.

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Signature of Superintendent
(or designee)

District

Date

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Signature of District YIC Director
(or Student Services Director)

Position

Date

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Signature of the Human Services Program

Position

Date