

maaps



EXCEPTIONAL SCHOOLS
FOR EXCEPTIONAL CHILDREN

SPECIAL EDUCATION PROGRAM
CHECKLIST FOR PARENTS

This checklist has been developed by the Massachusetts Association of 766 Approved Private Schools (**maaps**) to provide parents with a means of evaluating various special education programs that may offer services for their child. It is meant as an objective guide, to help in the decision-making process of selecting a program their child may attend. Please keep in mind the following:

- All programs are unique and offer positive educational options for the students they serve.
- As parents, you are encouraged to visit a number of programs that may offer the type of program that will best meet the needs of your child.
- When you arrange for a visit, request in advance that copies of the program's handbooks, policies, and procedures be mailed to you, or be available when you arrive.
- You may want to visit a program more than once. You can request a second visit to observe the students in the program.
- Take your time to learn about the program, realize that as you know more about the differences in programs, you can work with the staff and request the services be tailored to meet your child's needs.
- You will also work in partnership with the staff, and the options offered to your child may be adjusted after your child is in the program.
- You can use the following checklist to help you evaluate each program that you visit.

DATE OF VISIT _____
 NAME OF THE PROGRAM _____
 PHONE _____ EMAIL ADDRESS _____
 WEBSITE _____
 REPRESENTATIVE'S NAME & ROLE _____

In comparing programs and facilities that serve exceptional children, the following are suggested questions and topics to be considered.

WHERE IS THE PROGRAM LOCATED? _____
 Travel time from home? _____
 Is it a day program? _____ Number of days a year? _____ Length of school day? _____
 Is it a residential program? _____ Number of days a year? _____
 Does the program have a summer program? _____ How long? _____
 Does the program have an extended day option? _____ Days of the week? _____
 Hours? _____ Number of days per year? _____

WHAT STUDENT POPULATION(S) DOES THE PROGRAM SERVE?

Ages of students? _____
 Does the program serve males and females? _____

What stated populations does the program serve?

- | | |
|-----------------------------------|--|
| _____ Acquired Brain Injury | _____ Language-based Learning Disability |
| _____ Asperger's Syndrome | _____ Language Impaired |
| _____ Anxiety Disorder | _____ Learning Disabled |
| _____ Attention Deficit Disorder | _____ Medically Fragile |
| _____ Autism | _____ Multiple Disabilities |
| _____ Behaviorally Disordered | _____ Mentally Ill |
| _____ Bi-Polar | _____ Mental Retardation |
| _____ Blind | _____ Mild Learning Disabled |
| _____ Cerebral Palsy | _____ Mood Disorder |
| _____ Deaf | _____ Neurological Disorder |
| _____ Deaf with Cochlear Implants | _____ Non-Verbal Learning Disabled |
| _____ Depressive Disorder | _____ Obsessive-Compulsive Disorder |
| _____ Developmentally Disabled | _____ Perceptually Handicapped |
| _____ Dual Diagnosis | _____ Pervasive Development Disorder (PDD) |
| _____ Dyslexic | _____ Physical Disability |
| _____ Emotionally Disturbed | _____ Posttraumatic Stress Disorder |
| _____ Fire Setters | _____ Prader-Willi Syndrome |
| _____ Hearing Impaired | _____ Psychotic Disorder |
| _____ Juvenile Offender | _____ Reactive Attachment Disorder |
| | _____ Severe Maladaptive Behavior |

- Severe Mental Retardation
- Sex Offender
- Sexually Reactive
- Traumatic Brain Injury
- Tourette's Syndrome
- Visually Impaired
- Other _____

LICENSURE: IS THE PROGRAM LICENSED BY STATE AGENCIES?

- Department of Elementary and Secondary Education _____
- Department of Early Education and Care (Residential Programs) _____
- Other _____

ACCREDITATIONS:

What accreditations does the program have?

AFFILIATIONS:

What local, state, or national affiliations does the program belong to?
 Massachusetts Association of 766 Approved Private Schools (**maaps**) _____
 National Association of Private Schools for Exceptional Children (NAPSEC) _____
 Other _____

HISTORY OF THE PROGRAM

Is the program or school part of a larger organization? _____
 What is the organizational structure? _____
 How long has the program been providing services to exceptional children? _____
 When was the specific program your child needs established? _____

RELATED SERVICES

What related services does the program offer? NOTES
 Transportation
 Speech-language pathology
 Audiology services
 Psychological services
 Occupational Therapy
 Counseling services
 Orientation and mobility services
 School health services
 Social work services
 Parent training and counseling

ADDITIONAL SERVICES

What additional services does the program offer? NOTES
 Recreation
 Vocational training
 Family counseling

- _____ Transitional services
- _____ Remedial academic services
- _____ Career planning
- _____ Hands-on training experience
- _____ Other _____
- _____
- _____
- _____

PROGRAM SETTING

Program services provided in what type of setting? _____

NOTES

What part of a typical week would your child be in:

- Regular classes (Number) _____
- Grade level _____
- Special classes (Number) _____
- Special school _____
- Home program _____
- Hospital _____

STAFF CERTIFICATIONS:

What is the overall program staff/student ratio? _____

What are the Administrator's Certifications? _____

Regular education teachers F _____ PT _____ Ratio _____
 Grade and Subject? _____

Special education teachers F _____ PT _____ Ratio _____

Vocational teachers F _____ PT _____ Ratio _____

Adapted physical Ed. Teachers F _____ PT _____ Ratio _____

Residential child care staff Ratio Day _____ Night _____

Caseloads

Social Worker	F _____ PT _____	_____
Physical therapist	F _____ PT _____	_____
Physical therapist assistant	F _____ PT _____	_____
Occupational therapist	F _____ PT _____	_____
Occupational therapist assistant	F _____ PT _____	_____
Speech pathologist	F _____ PT _____	_____
Speech assistant	F _____ PT _____	_____
Medical director	F _____ PT _____	_____
Physician	F _____ PT _____	_____
Registered Nurse	F _____ PT _____	_____
Licensed practical nurse	F _____ PT _____	_____
Orientation and mobility specialist	F _____ PT _____	_____

Vision specialist	F _____	PT _____	_____
Behavioral specialist	F _____	PT _____	_____
Psychologist	F _____	PT _____	_____
Psychiatrist	F _____	PT _____	_____

FACILITY AND EQUIPMENT

- Size of the classrooms
- Therapy areas
- Materials and equipment
- Specialized equipment
- Computer and Technology access
- Food services
- Cleanliness
- Lighting
- Handicapped accessible
- Recreational areas (inside & outside)
- Air-conditioned areas
- Fire safety equipment
- Security precautions
- Living setting (Dorm – Group Home)
- Bathrooms
- Staff ratios (day-overnight)
- Personal space and belongings

NOTES

PROGRAM SPECIFICS: (Information on many of these topics should be available in writing from the school)

Mission statement of the program

NOTES

Program philosophy

Academic curriculum - grade levels

- subjects offered

- state curriculum frameworks

Student Assessments - MCAS testing/alternatives

Vocational Curriculum

Parent involvement

Visiting procedures

Transition services

Community experiences and options (frequency)

Behavior management

Medication procedures

Staff training for specific population served

Emergency procedures

Personal care procedures

Restraint procedures

Communication

 Between programs (school-therapies-residential)

 Programs to parents

 Parents to child (phone-cell phones-mail-email)

Media guidelines (restrictions on books, movies, music)

Typical daily student schedule

Confidentiality – privacy policy

Admissions procedure

Parent references

Future visits or contact:

 When: _____

 With: _____