

**PART II—Eligibility Criteria - School Name:** \_\_\_\_\_

Please answer the following questions about your Charter School:

**I. State Approved Charter School:** All **NASET Exceptional Charter Schools in Special Education** must be approved and/or licensed by the State Department of Education.

☐ Yes ☐ No - *If no, please explain in order for your application to be considered.*

**II. Licensure of Professionals:** All **NASET Exceptional Charter Schools in Special Education** employ special education professionals who are certified or licensed in their respective professions. Does your charter school meet this criterion?

☐ Yes ☐ No - *If no, please explain in order for your application to be considered.*

**III. Student Population:** All **NASET Exceptional Charter Schools in Special Education** educate students with disabilities and or disorders. This includes, but is not limited to, individuals diagnosed with:

- |  |   |
|--|---|
| <input type="checkbox"/> Autism                          | <input type="checkbox"/> Deaf-Blindness                           |
| <input type="checkbox"/> Developmental Delays            | <input type="checkbox"/> Emotional Disturbance                    |
| <input type="checkbox"/> Health Impairments              | <input type="checkbox"/> Hearing Impairments (Including Deafness) |
| <input type="checkbox"/> Learning Disabilities           | <input type="checkbox"/> Intellectual Disabilities                |
| <input type="checkbox"/> Multiple Disabilities           | <input type="checkbox"/> Orthopedic Impairments                   |
| <input type="checkbox"/> Speech and Language Impairments | <input type="checkbox"/> Traumatic Brain Injury                   |
| <input type="checkbox"/> Visual Impairments              |   |

Does your charter school meet this criterion?

☐ Yes ☐ No - *If yes, please check-off the student population that your school serves. If no, please explain in order for your application to be considered.*

**IV. Enrollment Size:** All **NASET Exceptional Charter Schools in Special Education** are schools dedicated to meeting the individual and unique needs of their students with disabilities or disorders. Does your charter school meet this criterion?

☐ Yes ☐ No - *If no, please explain in order for your application to be considered.*

**V. Age of Students:** All **NASET Exceptional Charter Schools in Special Education** serve a student age population, with all students being between 3 to 21 years of age. Does your charter school meet this criterion?

☐ Yes ☐ No - *If no, please explain in order for your application to be considered.*

**VI. Least Restrictive Environment:** All **NASET Exceptional Charter Schools in Special Education** provide appropriate educational placements for their students receiving special education services.

Does your charter school meet this criterion?

☐ Yes *If yes please check which of the educational placements your school provides from the list below*

☐ No - *If no, please explain in order for your application to be considered.*

☐ Inclusion Classroom - *If checked please answer the next question – If not checked ignore the following question*

Does your Inclusion Classroom include at least one general education teacher and one special education teacher?

☐ Yes ☐ No - *If no, please explain in order for your application to be considered.*

☐ Resource Room

☐ Special Education Classroom

☐ Other (Please explain)

**VII. Related Services:** All **NASET Exceptional Charter Schools in Special Education** ensure that their students receive the required related services as set forth in their respective IEP's including, but not limited to:

☐ Audiology

☐ Counseling

☐ Evening Tutorial Program

☐ Occupational Therapy

☐ Psychological Services

☐ Transportation

☐ Other (please explain)

☐ Cochlear Implant Services

☐ Deaf Community Interaction

☐ Local Mainstreaming opportunities

☐ Physical Therapy

☐ Speech, Sign Language Services

☐ Vocational Evaluation

Does your charter school meet this criterion?

☐ Yes ☐ No - *If yes, please check off the related services your school provides.*

*If no, please explain in order for your application to be considered.*

**VIII. Curriculum:** All **NASET Exceptional Charter Schools in Special Education** ensure that students receive a well-rounded curriculum to meet the specific needs of each individual student with a disability.

Does your charter school meet this criterion?

☐ Yes ☐ No - *If no, please explain in order for your application to be considered.*

**IX. Length of Operations:** All **NASET Exceptional Charter Schools in Special Education** have been in existence for at least 3 or more years.

Does your charter school meet this criterion?

☐ Yes ☐ No - *If no, please explain in order for your application to be considered.*

**X. Number of Months Open:** All **NASET Exceptional Charter Schools in Special Education** are open a minimum of 10 months out of the calendar year.

Does your charter school meet this criterion?

☐ Yes ☐ No - *If no, please explain in order for your application to be considered.*

**XI. Multiculturalism:** All **NASET Exceptional Charter Schools in Special Education** seek to provide a multicultural environment.

Does your charter school meet this criterion?

☐ Yes ☐ No - *If no, please explain in order for your application to be considered.*

**XII: Other Relevant Information of Support:** If you believe that there is other information NASET should be aware of that best represents your school (e.g., honors, awards, etc.), please let us know.

### **Part III—Background Check**

Please answer the following questions regarding the individuals employed in your school

(a) To the best of your knowledge, has any individual employed by your school ever been convicted of a crime in any state or country?

☐ Yes ☐ No - *If yes, please explain in order for your application to be considered*

(b) To the best of your knowledge, has any individual employed by your school ever had any licensing board or professional ethics body ever require him/her to surrender his/her license or found guilty of a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country?

☐ Yes ☐ No - *If yes, please explain in order for your application to be considered. If yes, please explain in order for your application to be considered.*

*(continued)*

(c) To the best of your knowledge, are there any complaints, charges or investigations pending against any individual employed by your school by any licensing board or professional ethics body for violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country?

☐ Yes ☐ No - *If yes, please explain in order for your application to be considered.*

(d) To the best of your knowledge, has any professional liability claim or suit ever been made against any person employed by your school or the school itself?

☐ Yes ☐ No - *If yes, please explain in order for your application to be considered.*

(f) To the best of your knowledge, are there any circumstances that you are aware of that may result in any professional liability claim or suit being made against any person employed by your school?

☐ Yes ☐ No - *If yes, please explain in order for your application to be considered.*

(g) To the best of your knowledge, has any person employed by your school engaged in or ever been engaged in any sexual misconduct with any of your current or former students?

☐ Yes ☐ No - *If yes, please explain in order for your application to be considered.*

### **APPLICATION PROCESSING FEE**

I Have Enclosed the \$275 Processing Fee ☐ Yes ☐ No *(send a credit card form sent to me via email)*

### **SIGNATURES AND REPRESENTATIONS**

The undersigned represents that, to the best of his/her knowledge and belief, after diligent inquiry, the statements in this application and any attachments or information submitted to or obtained by NASET in connection with this application are true and complete.

\_\_\_\_\_  
Signature of Applicant Representing the School

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date