



**V. VERIFICATION / ASSURANCE**

This application is submitted to request approval of funding in accordance with Education Article 8-406 for the named day or residential placement and services indicated in order for the above named student to achieve the objectives specified on both the educational portion of the individualized education program (IEP) and the educational components of the residential treatment program (if applicable) in accordance with the requirements and conditions of COMAR 13A.05.01 and COMAR 13A.05.02. A cost sheet accompanies this application to confirm the annual rate of charges for the services marked.

I hereby certify that this request for Nonpublic Tuition Assistance is based upon an IEP which was developed in accordance with federal and State laws and approved by the student’s parent, guardian, or parent surrogate.

A review of measurable annual goals, including benchmarks or short-term objectives, has been completed in accordance with federal and State laws. The requested day or residential placement can provide an appropriate educational program in the least restrictive environment for this student. The rationale and supporting documentation for this placement, including the IEP, annual review, progress reports, and assessments/evaluations are on file at:

\_\_\_\_\_ **COST SHEET ATTACHED** YES

(Site Location/ Local School System)

**The signature of the Local School System Special Education Supervisor/Director or designee verifies that all information in this application is correct and assures that applicable compliance standards have been met. This information will be made available to MSDE upon request.**

Date \_\_\_\_\_ Signature \_\_\_\_\_  
 MM/DD/YY LSS SPECIAL EDUCATION SUPERVISOR/DIRECTOR OR DESIGNEE  
 Financially Responsible Local School System

**MSDE OFFICE USE ONLY**

MSDE Stamp Only Second Date Received:		<b>MSDE Review and Approval Dates, Initials, and Comments</b>
	Demographic Review:  Program Review:	

Date: _____		<b>Compliance Notice</b>	
<b><u>Sections I and II Only</u></b>		<b><u>IEP Services/Other</u></b>	
Demographic Match is Required.			
<input type="checkbox"/> Last Name	<input type="checkbox"/> Disability		
<input type="checkbox"/> First Name	<input type="checkbox"/> Grade		
<input type="checkbox"/> Middle Name	<input type="checkbox"/> Unique ID		
<input type="checkbox"/> Financial LSS	<input type="checkbox"/> School Placement		
<input type="checkbox"/> DOB	<input type="checkbox"/> Entry Date		
<input type="checkbox"/> Gender	<input type="checkbox"/> Discharge Date		
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Revision Date		
<input type="checkbox"/> Race	<input type="checkbox"/> Explanation Required		

\*\*\* Please follow the NTAP application directions when completing this form.