



E-School Sponsor Certification Plan Plan by computer-based schools for services to disabled students. Form B

E-School Name: _____ IRN: _____
School Address: _____
School Phone Number: _____ School Fax: _____
School Administrator: _____ Title: _____
Administrator Email: _____ Phone: _____
Special Education Director: _____
Special Education Director's Email: _____ Phone: _____
Grade Levels Served: _____ Total Enrollment: _____
Number of Students with Disabilities Enrolled: _____

1. The sponsor certified the e-school has policies and procedures for Child Find:

Yes No

Additional Comments:

2. The sponsor certified there is a continuum of services being offered/provided by the e-school:

Yes No

Additional Comments:

3. The sponsor certified the e-school students are taught by appropriately licensed teachers:

Yes No

Additional Comments:

4. The sponsor certified the e-school is implementing specially designed instruction in an individualized manner and being provided as stated in each individualized education program (IEP)?

Yes

No

Additional Comments:

5. The sponsor certified the e-school ensures all students are receiving the appropriate accommodations or modifications as required per their IEPs?

Yes

No

Additional Comments:

6. The sponsor certified the e-school ensures the child has an aid if required per the IEP?

Yes

No

Additional Comments:

7. The sponsor certified the e-school ensures the child has access to assistive technology as required per the IEP?

Yes

No

Additional Comments:

8. The sponsor certified the e-school's IEPs are reviewed for and amended regarding progress or lack of progress?

Yes

No

Additional Comments:

9. The sponsor certified the e-school provides related services to the child as required per the student's IEP?

Yes

No

Additional Comments:

10. The sponsor certified the e-school provides medical supports as required per the IEP?

Yes

No

Additional Comments:

Sponsor Name: _____

Sponsor Representative: _____

Office of Community School Consultant: _____

Date Received: _____ Date Approved: _____

Director of Community Schools: _____

Date Approved: _____

Additional Comments: