

# E-School Sponsor Certification Plan

Plan for services to disabled students by computer-based school.  
*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 the 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: \_\_\_\_\_