

Nonpublic Agency Three-Year Recertification Application



Washington Office of Superintendent of
PUBLIC INSTRUCTION

2021

NONPUBLIC AGENCY THREE- YEAR RECERTIFICATION APPLICATION

2021

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Washington Office of Superintendent of
PUBLIC INSTRUCTION

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NONPUBLIC AGENCY THREE-YEAR RECERTIFICATION APPLICATION

Three-Year Recertification Application and Approval WAC 392-172A-04080 through 04110

Overview

An approved nonpublic agency (NPA) must complete a Three-Year Recertification application with the OSPI Special Education Division every third year following its initial approval. (WAC 392-172A-04095).

Recertification is part of the process the state of Washington uses to meet requirements under federal law to ensure that students eligible to receive special education services who are placed in, or referred to, a private school or facility by a school district or other public agency, are provided special education and related services in conformance with a properly formulated individualized education program (IEP) at no cost to parents, an education that meets state standards, and maintains all the rights of an eligible student served by a school district in the state of Washington. (34 CFR §300.146).

If an approved NPA does not currently have a contract with a Washington school district by its Three-Year Recertification date, then the NPA will be removed from the state approved list of NPAs. The school/agency will need to complete the initial NPA application process with a sponsoring Washington school district and meet the criteria for NPA approval in order to return to the state approved list of NPAs.

Any NPA that fails to complete the Three-Year Recertification application or is unable to continue to provide services in accordance with NPA assurances and Washington state special education regulations will be removed from the state approved list of NPAs.

Application Process

All approved NPAs must complete and submit a Three-Year Recertification application to the OSPI Special Education Division no later than June 1 every third year following their initial approval. NPAs may obtain the Three-Year Recertification form [online](#), from a school district, or from OSPI.

If an NPA has more than one site, it must complete a Three-Year Recertification application for each site that will continue to provide special education services.

The requirements for the Three-Year Recertification mirrors OSPI's initial approval process. NPAs must partner with at least one sponsoring Washington school district with whom it contracts to complete the application requirements. OSPI recommends identifying a sponsoring school district well in advance of the June 1 deadline, in order to leave ample time for scheduling a site visit and completing application requirements.

Once all requirements for recertification have been met, the school district will submit the application with a recommendation for recertification to the OSPI Special Education Division, via [email](#) or mail to PO Box 47200, Olympia, WA 98504-7200.

Application Requirements

A completed Three-Year Recertification application includes:

- Updated contact information for NPA administrators.
- Verification that the NPA continues to be an approved private school by the Washington State Board of Education (SBE). If the NPA is associated with a hospital or treatment facility and is not an approved private school, verification that the program continues to comply with applicable licensing requirements and that the educational component of the facility has staff meeting relevant Washington state certification requirements, including at least one certificated teacher with a state special education endorsement.
 - **For out-of-state NPAs:** verification that the NPA continues to meet applicable licensing and/or approval standards for the state in which the NPA is located to provide special education and related services.
- An updated agency profile describing the programs and services offered by the NPA for posting on the OSPI Special Education Division [website](#).
- An updated complete list of current special education certificated personnel, certificated teaching and/or licensed related service personnel, and other non-certificated personnel working directly with students. Note: supporting documentation is only needed for new personnel hired.
- The most recently approved local health/safety and fire inspections.
- A completed on-site visit checklist and signature recommending recertification by a school official with whom the NPA currently has a contract for services.
- A signature from the principal or chief administrator for the NPA, certifying the contents of the three-year recertification application and renewing the NPA's commitment to following all NPA Assurances and maintaining approval standards outlined in WAC 392-172A-04080 through -04110.

The OSPI Special Education Division may also conduct an independent on-site visit, if appropriate, in order to recertify the NPA. Any concerns about an NPA's ability to continue to provide services in accordance with the NPA Assurances and Washington state special education regulations will be reviewed with the NPA. The NPA will be considered on "contingent approval" status while the NPA's recertification is under review and corrected. OSPI may remove the NPA from the state approved list if it is unable to be recertified.

Post-Recertification Process and Timelines

Once recertified by the OSPI Special Education Division as an approved NPA, OSPI will notify the NPA and all school districts with whom it contracts of the next annual renewal and three-year recertification cycle.

Recertification Cycle and Timelines

Responsible Agency	Task
NPA & School District	The Three-Year Recertification application is completed and submitted by the sponsoring school district to OSPI, including a recommendation for recertification, no later than June 1 of the recertification year.
NPA	After recertification, the NPA submits an Annual Renewal form each year by June 1 to the OSPI Special Education Division to maintain approved status and provides a copy to all contracting school districts.
NPA & School District	NPAs must again apply for recertification every three years. The Three-Year Recertification application is completed and submitted by the sponsoring school district to OSPI, including a recommendation for recertification, no later than June 1 of the recertification year.

All approved NPAs must always promptly notify the OSPI Special Education Division, and any school district with whom it contracts, of any major changes to the program that occur during the approval period, any program changes that may affect the NPA’s ability to fulfill the contract, and any complaints against the NPA regarding services to eligible students. (WAC Section 392-172A-04100).

If issues/concerns with an NPA regarding noncompliance with state or federal law arise, at any time, the NPA is required to immediately notify all school districts with which it contracts, as well as the OSPI Special Education Division. School districts should also immediately notify OSPI of any concerns arising at any time throughout the contract period. After receiving and reviewing the concern, the OSPI Special Education Division will inform the NPA and the school district of any steps that should be taken to maintain the NPA’s continued approval status.

OSPI may suspend, revoke, or refuse to recertify the approval of an NPA if it fails to maintain the approval standards, violates the rights of students eligible for special education, or refuses to implement any corrective actions ordered by OSPI.



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 ATTN: SPECIAL EDUCATION
 PO BOX 47200
 OLYMPIA, WA 98504-7200
 Ph: 360-725-6075; TTY: 360-664-3631; npas@k12.wa.us

**NONPUBLIC AGENCY (NPA)
 THREE-YEAR RECERTIFICATION APPLICATION**

SECTION I. GENERAL INFORMATION

NPA APPLICANT NAME	PARENT ORGANIZATION – IF ANY
ADMINISTRATIVE ADDRESS	SITE ADDRESS – IF DIFFERENT
TELEPHONE NUMBER	FAX NUMBER
CHIEF ADMINISTRATOR	CONTACT PERSON – IF DIFFERENT
ADMINISTRATOR TITLE/ROLE	CONTACT TITLE/ROLE
ADMINISTRATOR EMAIL ADDRESS	CONTACT EMAIL ADDRESS

<input type="checkbox"/> Approved as private school by the Washington State Board of Education <input type="checkbox"/> Licensed Washington agency (attach copy of current license) _____ Department of Social and Health Services _____ Department of Health _____ Other: <input type="checkbox"/> Out-of-state public agency <input type="checkbox"/> Approved out-of-state private school or state-licensed agency/facility	Application Requirements Checklist: <input type="checkbox"/> School/Agency Profile <input type="checkbox"/> Personnel Record <input type="checkbox"/> On-site Visit/Review <input type="checkbox"/> Fire Safety Inspection <input type="checkbox"/> Health & Safety Inspection <input type="checkbox"/> Signed NPA Assurances
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SECTION II. SCHOOL DISTRICT RECOMMENDATION

I have reviewed the application, completed a site visit, certified the accuracy of the information, and recommend:

_____ (School/Agency name)

- Meets the requirements for continued NPA approval.
 Does not meet the requirements for NPA approval (complete comment section below).

SCHOOL DISTRICT NAME	DISTRICT REPRESENTATIVE NAME	EMAIL ADDRESS
TITLE/ROLE	DISTRICT REPRESENTATIVE SIGNATURE	DATE
OSPI SPECIAL EDUCATION DESIGNEE	DATE	

School District Comments:

Note - Information contained on this page will be posted on the OSPI [Special Education Division website](#).

SECTION III. AGENCY PROFILE

NPA NAME

SCHOOL/AGENCY ADDRESS

SCHOOL/AGENCY MAILING ADDRESS, IF DIFFERENT

SCHOOL/PROGRAM CHARACTERISTICS

Check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Art therapy | <input type="checkbox"/> Mental health services | <input type="checkbox"/> Student counseling |
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Social work |
| <input type="checkbox"/> Adaptive physical education | <input type="checkbox"/> Music therapy | <input type="checkbox"/> Speech/language therapy |
| <input type="checkbox"/> Assistive/adaptive technology | <input type="checkbox"/> Orientation and mobility | <input type="checkbox"/> Therapeutic foster care |
| <input type="checkbox"/> Behavioral management | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Therapeutic recreation |
| <input type="checkbox"/> Bilingual/ESL services | <input type="checkbox"/> Parent counseling and training | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Vision services |
| <input type="checkbox"/> Hard of hearing/deaf education | <input type="checkbox"/> Psychological services | <input type="checkbox"/> Vocational/assessment |
| <input type="checkbox"/> Leisure education | <input type="checkbox"/> Respite care | <input type="checkbox"/> Vocational/career training |
| <input type="checkbox"/> Medical/health services | <input type="checkbox"/> Self-help/life skills | <input type="checkbox"/> Vocational/transitional services |
| | | <input type="checkbox"/> Other _____ |

Check all that apply:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Day school | <input type="checkbox"/> Preschool/childcare facility | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Residential school/facility | <input type="checkbox"/> Developmental center | |
| <input type="checkbox"/> Hospital/treatment facility | <input type="checkbox"/> Vocational training center | |

Briefly describe any other program/service characteristics not covered above.

STUDENT POPULATION

<i>Please do not report on children ages birth–2</i>	Ages:	3–5	6–12	13–17	18–21
Total number of students served:					
Total number of students served through contracts with Washington school district to provide FAPE:					

SCHOOL/AGENCY CONTACT

PRIMARY CONTACT & TITLE	SECONDARY CONTACT & TITLE – <i>if different</i>
PRIMARY TELEPHONE	SECONDARY TELEPHONE – <i>if different</i>
PRIMARY EMAIL ADDRESS	SECONDARY EMAIL ADDRESS – <i>if different</i>
SCHOOL/AGENCY WEBSITE	

Information current as of

SECTION IV. NPA ASSURANCES

1. The NPA assures that it has financial safeguards in place to track revenues and expenditures associated with contracted placements to ensure that they are used for the students for whom they are contracted. The NPA further assures that it will obtain a financial audit from an independent accredited accountant **within one year of approval** as an NPA and will provide a copy of the audit to the Office of Superintendent of Public Instruction (OSPI) and any contracting school districts. The audit will address the agency's allocation methods in order to show that revenues provided by districts are being used to benefit the students for whom they are contracted. The NPA assures that it will obtain an independent audit at least every three years thereafter. OSPI reserves the right to request an audit at any time should the need arise during the agency's tenure as an NPA.
2. The agency is free from sectarian control or influence. No public funds shall be used to benefit any church or religious school or to support any religious instruction, religious worship, or religious practice. (Article 9, Section 4 Washington State Constitution).
3. Services are provided in facilities that meet the Americans with Disabilities Act (ADA) standards for public access and have successfully passed a current and official local health, and safety and fire inspection (forms attached). All facilities and sites are safe and secure for students and conducive to learning.
4. The NPA will coordinate with the contracting school district(s) to initiate and convene IEP team meetings. Changes to IEPs must follow procedures for IEP revisions or amendments and in accordance with its contract(s) with school districts and with WAC 392-172A-04085.
5. The NPA will coordinate with the contracting school district(s) for any needed reevaluations in accordance with reevaluation procedures (WAC 392-172A-03010 through 03080), with its contract(s) with school districts and WAC 392-172A-04085.
6. The NPA will coordinate with the contracting school district(s) to provide an opportunity for students to participate in applicable Washington state and local district testing/assessments and an opportunity to fulfill the requirements to receive a Washington state diploma from the contracting school district(s).
7. The NPA will employ or contract with certificated staff, including special education and/or related services staff and non-certificated staff that meet personnel standards described in WAC 392-172A-02090.
8. Each certificated and non-certificated employee or volunteer, prior to initiation of service, shall have completed and cleared a state law enforcement and FBI fingerprint check prior to unsupervised contact with students and pursuant to applicable statutes.
9. The NPA will maintain written policies and procedures regarding service provision and hiring practices in accordance with applicable federal and state requirements, e.g., nondiscrimination, procedural safeguard notification, convening of IEP meetings, need for IEP changes, need for coordination of student reevaluations.
10. The NPA will adhere to Washington state regulations (WAC 392-172A-02105 through WAC 392-172A-02110) regarding the use of isolation and/or restraint.
11. The NPA will collect and report information on student(s) for whom they have contracted services to the respective contracting school district(s), including (but not limited to) information required under Washington state regulations related to the use of isolation and restraint, parental notification, and student discipline.
12. The confidentiality of student educational records shall be maintained in accordance with the Family Educational Rights and Privacy Act (FERPA). (34 CFR, Part 99 and WAC 392-172A-05225).
13. The NPA shall notify the contracting school district(s) and OSPI of any written complaint(s) related to service delivery regarding the student for whom they have contracted services.

ASSURANCES (cont.)

- 14. The NPA shall notify the contracting school district(s) and OSPI of any changes that would affect the NPA's ability to continue to provide services to students eligible for special education.
- 15. The NPA's policies and procedures are accessible to parents/guardians of children who receive services from the approved NPA.
- 16. The NPA shall provide the contracting school district(s) with all educational records maintained by the NPA on behalf of a contracted student.

I certify that I am the principal or chief administrator of the named NPA applicant and that said applicant is located at the address given.

Furthermore, I certify that I have read and understand each statement above and assure that this program will be conducted in a manner that conforms to the assurances, to the requirements under the IDEA, and to the contract with the district(s).

AUTHORIZED SIGNATURE

DATE

AUTHORIZED NAME

AUTHORIZED TITLE

TELEPHONE NUMBER

EMAIL ADDRESS

V. SPECIAL EDUCATION PERSONNEL RECORD

Special Education, as defined in WAC 392-172A-01175, must be designed and supervised by qualified special education and related services personnel pursuant to WAC 392-172A-02090.

Please list, or include/attach a list with the information requested below, all personnel who provide/supervise specially designed instruction and related services. Please attach additional pages as needed.

CERTIFIED SPECIAL EDUCATION PERSONNEL ATTACH SUPPORTING DOCUMENTS FOR EACH						
FULL LEGAL NAME	DOB	Washington State or Other Applicable State Certificate Number	Date Issued	Expiration	Type of Certificate*	Area/Endorsement of Certificate**

* Example: Initial, temporary, emergency, and continuing.

** Example: Preschool, elementary, secondary, educational staff associate, early childhood special education, and special education.

Please list below, or include/attach a list with the information requested below, all other personnel who are authorized to work with students who currently hold a professional license, certificate, endorsement, or registration. Please attach additional pages as needed.

OTHER ACCREDITED PERSONNEL ATTACH SUPPORTING DOCUMENTS FOR EACH				
FULL LEGAL NAME	DOB	Area (e.g. Mental Health, Physical Therapy)	Credential Number	Expiration

VI. FIRE INSPECTION

This form is provided for your convenience and the convenience of the appropriate fire authorities. This form may be used to verify that the NPA applicant school/facility meets minimum fire and life safety standards.* A report or form from the appropriate fire jurisdiction official indicating compliance with applicable fire and life safety regulations may be submitted in lieu of this form.

If the NPA applicant is currently approved as a private school by the Washington State Board of Education or is licensed by the Washington Department of Health or Department of Social and Health Services (e.g., childcare center, residential treatment facility, hospital, etc.) and such approval/license requires inspection to comply with fire and life safety codes, then a copy of such approval/license may be submitted with the application in lieu of this fire inspection form.

For All Out-of-State NPA Applicants: Please attach/submit verification from the local fire safety jurisdiction in your state. This form may be used as verification if no verification report/form is provided. A copy of any approval/license in your state, which requires compliance with fire and life safety codes, may be submitted with the application in lieu of this fire inspection form. Please indicate the applicable state law/regulation for any approval/licensure within your state.

Note to All NPA Applicants: If deficiencies were noted during the inspection, a signed copy of the deficiency correction notice must also be attached.

NPA APPLICANT NAME	CHIEF ADMINISTRATOR
LOCATION/SITE ADDRESS:	MAILING ADDRESS (if different):
TELEPHONE NUMBER:	EMAIL/FAX NUMBER:

INSPECTOR VERIFICATION

If the NPA applicant has multiple sites, each site where services will be delivered to the student(s) via the contract with the school district must be inspected.

The below named facility is in compliance with and meets the minimum fire and life safety standards adopted by the state of Washington as outlined in RCW 19.27.

SIGNATURE	DATE	TITLE	
PRINTED NAME		FIRE DISTRICT	NEXT INSPECTION DUE

- * If your school/agency service location is in an area of Washington that does not have access to local fire authority personnel, you may contact the Washington State Fire Marshall's Office to arrange for a facility fire inspection at 360-596-3900 or by [email](#).

VII. HEALTH/SAFETY INSPECTION

This form is provided for your convenience and the convenience of the local health department staff. This form may be used to verify that the NPA applicant school/facility meets reasonable standards of local health and safety regulations.* A letter or form from the appropriate health department official indicating compliance with health regulations may be submitted in lieu of this form.

If the NPA applicant is currently approved as a private school by the Washington State Board of Education or is licensed by the Washington Department of Health or Department of Social and Health Services (e.g. residential treatment facility, hospital, etc.) and such approval/license requires inspection to comply with health and safety regulations, then a copy of such approval/license may be submitted with the application in lieu of this health inspection form.

For All Out-of-State NPA Applicants: Please attach/submit verification from the local health and safety authority in your state. This form may be used as verification if no verification report/form is provided. A copy of any approval/license in your state, which requires compliance with health and safety regulations, may be submitted with the application in lieu of this health and safety inspection form. Please indicate the applicable state law/regulation for any approval/licensure within your state.

Note to All NPA Applicants: If deficiencies were noted during the inspection, please attach a signed copy of the deficiency correction notice must also be attached.

NPA APPLICANT NAME	CHIEF ADMINISTRATOR
LOCATION/SITE ADDRESS:	MAILING ADDRESS (if different):
TELEPHONE NUMBER:	EMAIL/FAX NUMBER:

INSPECTOR VERIFICATION

If the NPA applicant has multiple sites, each site where services will be delivered to the student(s) via the contract with the school district must be inspected.

On the basis of applicable health and safety regulations, I certify that the facility identified above has been inspected by the local health and safety authority. The facility has been found to meet the minimum health and safety requirements as set forth by the state of Washington (WAC 246-215).

SIGNATURE	DATE	TITLE	
PRINTED NAME		HEALTH DISTRICT	NEXT INSPECTION DUE

* To locate local health department personnel to provide an inspection, call the Washington State Department of Health at 360-236-4501 or by [email](#).

**VIII. ON SITE RECERTIFICATION VISIT CHECKLIST
(ALL CHECKLIST ITEMS MUST BE VISUALLY VERIFIED BY A SCHOOL DISTRICT OFFICIAL)**

Nonpublic Agency Applicant: _____

Site Name (if multiple sites): _____

Reviewing School District: _____ Date of Site Visit: _____

Site Visit Conducted by: (print name) _____ (signature) _____

I. NPA applicant is in good fiscal standing.

INDICATOR	VERIFIED BY DISTRICT	IF UNABLE TO VERIFY, must give reasons. Additional comments should also be included to assist in determination for recertification
<p>A. Evidence of an external independent audit completed within the last three years which meets generally accepted accounting practices. <i>If there are audit findings, documentation of satisfactory resolution of audit findings is on file.</i></p> <p>i. Evidence that the NPA has current contract(s) with school district(s) for students placed at the NPA.</p> <p>ii. Evidence that fiscal controls and practices are in place to ensure contract funds support specific student placement(s).</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Please attach copy of audit completed within last three years.)</p>	

II. NPA applicant’s physical facility is safe and healthy for students (children/youth).

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<p>A. Documentation of a successful fire inspection.</p> <p>i. <u>If no</u>, a plan is in place to remedy findings with timelines.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If no, please attach plan/timeline for addressing findings.)</p>	
<p>B. Documentation of a successful health and safety inspection.</p> <p>i. <u>If no</u>, a plan is in place to remedy findings with timelines.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If no, please attach plan/timeline for addressing findings.)</p>	

III. NPA applicant has written program policies and procedures in place and is free of religious influence/practices.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<p>A. Evidence of current written policies and procedures regarding special education and related services consistent with Washington State regulations.</p> <p>i. <u>If no</u>, evidence of agreement to adopt/follow contracted local educational agency policy and procedures.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If no, please explain and attach copy of agreement.)</p>	
<p>B. No evidence or reflection of religious control or influence in purpose, governance, or daily operations.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

IV. NPA applicant safeguards confidentiality of students receiving special education services.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
A. Evidence of written policies pertaining to student records.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
B. Physical student files/records stored in secure area (e.g., cabinets).	Yes <input type="checkbox"/> No <input type="checkbox"/>	
C. Security measures in place for digital/cloud-based files/records.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Any duplicate files are stored securely to maintain confidentiality.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

V. NPA applicant employs qualified staff.

INDICATOR	VERIFIED BY DISTRICT	COMMENTS
<p>A. For NPA applicants located in Washington state:</p> <p>i. Evidence of current Washington state certificates/endorsements and credentials as appropriate to staff assignment; and/or</p> <p>ii. Evidence of an appropriately credentialed individual(s) supervising non-certified/non-endorsed staff.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please explain and/or attach supervision plan.)</p>	

<p>B. For out-of-state NPA applicants:</p> <p>i. Evidence of current state credentials, as appropriate to staff assignments; and/or</p> <p>ii. Evidence of an appropriately credentialed individual(s) supervising non-certified/non-endorsed staff.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> (Please attach copies of applicable certificates.)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please explain and/or attach supervision plan.)</p>	
<p>C. Evidence that non-certified staff meet standards in WAC 392-172A-02090 or standards within their respective state.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>D. Evidence of state patrol background checks and FBI fingerprint checks completed and cleared on all:</p> <ul style="list-style-type: none"> • certified staff; • non-certified staff; • volunteers who have unsupervised contact with students. <p>Out-of-state: Must meet the same standard as Washington state.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

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