



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 OFFICE OF SPECIAL EDUCATION, COMPLIANCE SECTION
 P.O. BOX 480, JEFFERSON CITY, MO 65102
PRIVATE AGENCY GENERAL ASSURANCE STATEMENT

ORGANIZATION INFORMATION				
Legal Name of The Organization			Contact Person	
Address			E-mail Address	
City	State	Zip Code	Telephone	Fax
Web Address:				

General Assurances

This agency assures it will:

1. Maintain student records consistent with the provisions of The Family Educational Rights and Privacy Act, 34 (CFR 99. 1-99.67).
2. Agree to provide and fully implement the procedural safeguards, which exist for students with disabilities under Part B of the IDEA.
3. Provide instruction and related services in accordance with the contractual arrangements with public school systems and Individualized Education Programs of students; at no cost to parents; in compliance with IDEA; and in compliance with Missouri statutory provisions.
4. Have a written code of student conduct that has been shared with the contracting public agency, students and parents.
5. Provide appropriate facilities, equipment, and materials to effectively deliver special education and related services to all students serviced via contract.
6. Ensure equal employment / educational opportunities regardless of race, color, creed, national origin or sex.
7. Comply with appropriate health, safe environment inspections, occupancy, fire safety, and accessibility standards as required by state and local standards and regulations.
8. Agree that transportation program is operated in accordance with all applicable state/local regulations and guidelines.
9. Agree to provide appropriately certificated staff for special education students served.
10. Agree food services program is operated in accordance with all applicable local ordinances and/or state regulations and guidelines.
11. Agree to immediately inform the Department of Elementary and Secondary Education (DESE) in writing of any changes in program/staffing/facilities.

I certify that to the best of my knowledge that the information contained in this application is accurate and complete and that the applicant agency has authorized me to give assurances and to file this application. I further certify that the educational program of said agency is free of regulation and administrative influence by any sectarian, denominational or other religious affiliation.

SEND COMPLETED FORM TO:

Department of Elementary and Secondary Education
 Office of Special Education, Compliance Section
 PO Box 480
 Jefferson City, Missouri 65102-0480

NAME (PRINT): _____

SIGNATURE: _____

POSITION TITLE/DATE: _____

DESE USE ONLY Supervisor: Date of Review:	Decision: <input type="checkbox"/> Approved without Conditions
	<input type="checkbox"/> Approved with Conditions
	<input type="checkbox"/> Not Approved

