**South Dakota State and Local CEIS Application**

A school district may use up to fifteen percent of the local need, as defined in SDCL 13-37-35.1(18), to develop and implement coordinated early intervening services. Coordinated early intervening services may be provided to students in kindergarten through grade twelve who are not currently eligible for special education and related services pursuant to chapter 24:05:24.01 but need additional academic and behavioral interventions to be successful in general education and to avoid being classified as a student with a disability.

|  |  |  |  |
| --- | --- | --- | --- |
| School District Name |  | Date Submitted |  |
| Contact Name |  |
| Phone Number |  | E-mail |  |

**Please answer the following questions:**

1. Identify the fiscal year the district would apply the State and Local Coordinated Early Intervening Services (CEIS).
2. Identify and describe the scientifically-based activities and services for which state and local funds will be used;
3. A description of the process used to identify the students to be provided state early intervening services with state and local dollars;
4. Please describe how the district will track who qualifies to receive special education or special education and related services within two years.

**State and Local CEIS Assurance Statement**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_district will assure to continue to:

* Provide a Free Appropriate Public Education (FAPE) to all students with disabilities consistent with this article; and
* Meet the maintenance of effort requirements referenced in chapter 24:05:19 for any fiscal year; and
* Submit their State and Local CEIS report by June 30 of each school year to South Dakota Department of Education Special Education Programs.
* Budget will have an accounting system for tracking the state and local funds separately from federal funds.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ district also understands by utilizing state aid for special education funding for the provision of coordinated early intervening services are not eligible for extraordinary costs under chapter 24:05:33.01 for a period of three years following the expenditure of funds under this chapter.

|  |  |  |
| --- | --- | --- |
| Title | Signature | Date |
| Special Education Director |  |  |
| Business Manager |  |  |
| Superintendent |  |  |

South Dakota Department of Education

CEIS State and Local Approval Criteria Form

**For State Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| School District Name |  | Date Submitted |  |
| Contact Name |  |
| Phone |  | E-mail |  |

Note: If any of the following is a No, the district would not be eligible for using state and local special education funds for coordinated early intervening services (CEIS).

**Grants Management Office Section**

* **Did the district meet the maintenance of effort requirement for the prior two fiscal years?**
	+ Comments:
	+ Check which Apply: Yes No, Why\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Finance Office Section**

* **Is the requested amount no more than 15% of local need?**
	+ Comments:
	+ Check Which Apply: Yes \_\_\_\_\_\_\_\_ No, Why\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Education Programs Section**

* **Did the district implement CEIS federal or state and local in the past?**
	+ If yes, did the district fulfill all reporting requirements?
	+ Comments:
* **Does the district have any FAPE issues identified?**
	+ Comments:
* **Did the district have timely corrected all findings of IDEA Part B noncompliance in the prior two school years?**
	+ Comments:

Sign off by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the district approved to provide CEIS utilizing State and Local Special Education funds for the Fiscal Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

Application received by Department of Education, Special Education Programs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application notification (completed in 60 days) due by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notification Letter sent on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_