


maaps



EXCEPTIONAL SCHOOLS  
FOR EXCEPTIONAL CHILDREN

***SPECIAL EDUCATION PROGRAM***  
***CHECKLIST FOR PARENTS***

This checklist has been developed by the Massachusetts Association of 766 Approved Private Schools (**maaps**) to provide parents with a means of evaluating various special education programs that may offer services for their child. It is meant as an objective guide, to help in the decision-making process of selecting a program their child may attend. Please keep in mind the following:

- All programs are unique and offer positive educational options for the students they serve.
- As parents, you are encouraged to visit a number of programs that may offer the type of program that will best meet the needs of your child.
- When you arrange for a visit, request in advance that copies of the program's handbooks, policies, and procedures be mailed to you, or be available when you arrive.
- You may want to visit a program more than once. You can request a second visit to observe the students in the program.
- Take your time to learn about the program, realize that as you know more about the differences in programs, you can work with the staff and request the services be tailored to meet your child's needs.
- You will also work in partnership with the staff, and the options offered to your child may be adjusted after your child is in the program.
- You can use the following checklist to help you evaluate each program that you visit.

DATE OF VISIT \_\_\_\_\_

NAME \_\_\_\_\_ OF \_\_\_\_\_ THE \_\_\_\_\_ PROGRAM

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

WEBSITE \_\_\_\_\_

REPRESENTATIVE'S NAME & ROLE \_\_\_\_\_

In comparing programs and facilities that serve exceptional children, the following are suggested questions and topics to be considered.

WHERE IS THE PROGRAM LOCATED?

Travel time from home? \_\_\_\_\_

Is it a day program? \_\_\_\_\_ Number of days a year? \_\_\_\_\_ Length of school day? \_\_\_\_\_

Is it a residential program? \_\_\_\_\_ Number of days a year? \_\_\_\_\_

Does the program have a summer program? \_\_\_\_\_ How long? \_\_\_\_\_

Does the program have an extended day option? \_\_\_\_\_ Days of the week? \_\_\_\_\_

Hours? \_\_\_\_\_ Number of days per year? \_\_\_\_\_

**WHAT STUDENT POPULATION(S) DOES THE PROGRAM SERVE?**

Ages of students? \_\_\_\_\_

Does the program serve males and females? \_\_\_\_\_

What stated populations does the program serve?

- |  |  |
|--|--|
| _____ Acquired Brain Injury                                      | _____ Language Impaired                    |
| _____ Anxiety Disorder   | _____ Learning Disabled                    |
| _____ Asperger's Syndrome  | _____ Medically Fragile                    |
| _____ Attention Deficit Disorder/<br>Executive Function Disorder | _____ Mentally Ill                         |
| _____ Autism Spectrum Disorder                                   | _____ Mild Learning Disabled               |
| _____ Bi-Polar   | _____ Mood Disorder                        |
| _____ Blind and Visually Impaired                                | _____ Multiple Disabilities                |
| _____ Cerebral Palsy   | _____ Neurological Disorder                |
| _____ Deaf and Hard of Hearing                                   | _____ Non-Verbal Learning Disabled         |
| _____ Depressive Disorder  | _____ Obsessive-Compulsive Disorder        |
| _____ Developmentally Disabled                                   | _____ Perceptually Handicapped             |
| _____ Disruptive Behavior<br>Disorders                           | _____ Pervasive Development Disorder (PDD) |
| _____ Dyslexic   | _____ Physical Disability                  |
| _____ Emotional Disability                                       | _____ Posttraumatic Stress Disorder        |
| _____ Fire Setting Behaviors                                     | _____ Prader-Willi Syndrome                |
| _____ Intellectual Disability                                    | _____ Psychotic Disorder                   |
| _____ Juvenile Offender  | _____ Reactive Attachment Disorder         |
| _____ Language-Based Learning<br>Disability                      | _____ Severe Developmentally Disabled      |
|  | _____ Severe Maladaptive Behavior          |
|  | _____ Severe Developmentally<br>Disabled   |

\_\_\_\_\_ Severe Maladaptive  
Behavior  
\_\_\_\_\_ Sex Offender  
\_\_\_\_\_ Sexually Reactive  
\_\_\_\_\_ Social (Pragmatic)  
Communication Disorder

\_\_\_\_\_ Traumatic Brain Injury  
\_\_\_\_\_ Tourette's Syndrome  
Other \_\_\_\_\_

**LICENSURE: IS THE PROGRAM LICENSED BY STATE AGENCIES?**

Department of Elementary and Secondary Education \_\_\_\_\_  
Department of Early Education and Care (Residential Programs) \_\_\_\_\_  
Other \_\_\_\_\_

**ACCREDITATIONS:**

What accreditations does the program have?

\_\_\_\_\_  
\_\_\_\_\_

**AFFILIATIONS:**

What local, state, or national affiliations does the program belong to?

Massachusetts Association of 766 Approved Private Schools (**maaps**)  
National Association of Private Schools for Exceptional Children (NAPSEC)  
Other \_\_\_\_\_

**HISTORY OF THE PROGRAM**

Is the program or school part of a larger organization?

What is the organizational structure?

How long has the program been providing services to exceptional children?

When was the specific program your child needs established? \_\_\_\_\_

**RELATED SERVICES**

What related services does the program offer?

NOTES

\_\_\_\_\_ Transportation  
\_\_\_\_\_ Speech-language pathology  
\_\_\_\_\_ Audiology services  
\_\_\_\_\_ Psychological services  
\_\_\_\_\_ Occupational Therapy  
\_\_\_\_\_ Counseling services  
\_\_\_\_\_ Orientation and mobility services  
\_\_\_\_\_ School health services  
\_\_\_\_\_ Social work services  
\_\_\_\_\_ Parent training and counseling

**ADDITIONAL SERVICES**

What additional services does the program offer?

NOTES

\_\_\_\_\_ Recreation  
\_\_\_\_\_ Vocational training  
\_\_\_\_\_ Family counseling

- \_\_\_\_\_ Transitional services
  - \_\_\_\_\_ Remedial academic services
  - \_\_\_\_\_ Career planning
  - \_\_\_\_\_ Hands-on training experience
  - \_\_\_\_\_ Other \_\_\_\_\_
- 
- 
- 

**PROGRAM SETTING**

Program services provided in what type of setting? \_\_\_\_\_

NOTES

What part of a typical week would your child be in:

Regular	classes	(Number)
Grade		level
Special	classes	(Number)
Special		school
Home		program
Hospital	_____	

**STAFF CERTIFICATIONS:**

What is the overall program staff/student ratio?

What are the Administrator's Certifications?

Regular education teachers F \_\_\_\_\_ PT \_\_\_\_\_ Ratio \_\_\_\_\_  
Grade and Subject? \_\_\_\_\_

Special education teachers F \_\_\_\_\_ PT \_\_\_\_\_ Ratio \_\_\_\_\_

Vocational teachers F \_\_\_\_\_ PT \_\_\_\_\_ Ratio \_\_\_\_\_

Adapted physical Ed. Teachers F \_\_\_\_\_ PT \_\_\_\_\_ Ratio \_\_\_\_\_

Residential child care staff Ratio Day \_\_\_\_\_ Night \_\_\_\_\_

**Caseloads**

Social Worker	F _____ PT _____	_____
Physical therapist	F _____ PT _____	_____
Physical therapist assistant	F _____ PT _____	_____
Occupational therapist	F _____ PT _____	_____
Occupational therapist assistant	F _____ PT _____	_____
Speech pathologist	F _____ PT _____	_____
Speech assistant	F _____ PT _____	_____
Medical director	F _____ PT _____	_____
Physician	F _____ PT _____	_____
Registered Nurse	F _____ PT _____	_____
Licensed practical nurse	F _____ PT _____	_____
Orientation and mobility specialist	F _____ PT _____	_____

Vision specialist  
Behavioral specialist  
Psychologist  
Psychiatrist

F \_\_\_\_\_ PT  
F \_\_\_\_\_ PT  
F \_\_\_\_\_ PT  
F \_\_\_\_\_ PT \_\_\_\_\_

---

---

---

---

**FACILITY AND EQUIPMENT**

- Size of the classrooms
- Therapy areas
- Materials and equipment
- Specialized equipment
- Computer and Technology access
- Food services
- Cleanliness
- Lighting
- Handicapped accessible
- Recreational areas (inside & outside)
- Air-conditioned areas
- Fire safety equipment
- Security precautions
- Living setting (Dorm – Group Home)
- Bathrooms
- Staff ratios (day-overnight)
- Personal space and belongings

NOTES

**PROGRAM SPECIFICS:** (Information on many of these topics should be available in writing from the school)

Mission statement of the program

NOTES

Program philosophy

Academic curriculum - grade levels

- subjects offered

- state curriculum frameworks

Student Assessments - MCAS testing/alternatives

Vocational Curriculum

Parent involvement

Visiting procedures

Transition services

Community experiences and options (frequency)

Behavior management

Medication procedures

Staff training for specific population served

Emergency procedures

Personal care procedures

Restraint procedures

Communication

    Between programs (school-therapies-residential)

    Programs to parents

    Parents to child (phone-cell phones-mail-email)

Media guidelines (restrictions on books, movies, music)

Typical daily student schedule

Confidentiality – privacy policy

Admissions procedure

Parent references

Future visits or contact:

    When: \_\_\_\_\_

    With: \_\_\_\_\_