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
_____ Anxiety Disorder
_____ Asperger's Syndrome
_____ Attention Deficit Disorder/ Executive Function Disorder
_____ Autism Spectrum Disorder
_____ Bi-Polar
_____ Blind and Visually Impaired
_____ Cerebral Palsy
_____ Deaf and Hard of Hearing
_____ Depressive Disorder
_____ Developmentally Disabled
_____ Disruptive Behavior Disorders
_____ Dyslexic
_____ Emotional Disability
_____ Fire Setting Behaviors
_____ Intellectual Disability
_____ Juvenile Offender
_____ Language-Based Learning Disability

_____ Language Impaired
_____ Learning Disabled
_____ Medically Fragile
_____ Mentally Ill
_____ Mild Learning Disabled
_____ Mood Disorder
_____ Multiple Disabilities
_____ Neurological Disorder
_____ Non-Verbal Learning Disabled
_____ Obsessive-Compulsive Disorder
_____ Perceptually Handicapped
_____ Pervasive Development Disorder (PDD)
_____ Physical Disability
_____ Posttraumatic Stress Disorder
_____ Prader-Willi Syndrome
_____ Psychotic Disorder
_____ Reactive Attachment Disorder
_____ Severe Developmentally Disabled
_____ Severe Maladaptive Behavior
_____ Severe Developmentally Disabled

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

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?
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?
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?

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
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_____

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

Caseloads

NOTES
Vision specialist
Behavioral specialist
Psychologist
Psychiatrist

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
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:__________________________________________

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