



Wisconsin Department of Public Instruction (DPI)
SPECIAL NEEDS SCHOLARSHIP PROGRAM (SNSP)
APPLICATION PI-SNSP-0002 (Rev. 05-24)

This collection is a requirement of Wis. Stat. § 115.7915.

INSTRUCTIONS: The parent or guardian must complete this application. Type or print clearly in ink.

Return completed form and current residency documentation to the school.

School Applying To <i>No abbreviations</i>	School Year Applying For: 2024-25
--	--

STUDENT INFORMATION

Student's First Name <i>Legal Name Only</i>	MI	Last Name <i>Legal Name Only</i>	Suffix	Date of Birth <i>Mo./Day/Yr.</i>	2024-25 Grade Level
---	----	----------------------------------	--------	----------------------------------	---------------------

Check One <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Check all that Apply <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander
---	---

IEP OR SERVICES PLAN REQUIREMENT

The student must either have: (1) an Individualized Education Program (IEP) or services plan that is currently being implemented **or** (2) an IEP or services plan that was developed no earlier than September 15, 2021, AND have not subsequently been determined to no longer have a disability.

Check which one the student has: <input type="checkbox"/> IEP <input type="checkbox"/> Services Plan (for student parentally placed at a private school)	Name of Local Education Agency (LEA) That Developed the IEP or Services Plan <i>No abbreviations</i>	Date of Last IEP or Services Plan Evaluation or Reevaluation
<input type="checkbox"/> Yes <input type="checkbox"/> No Since the IEP or services plan identified above was developed, did the student have a reevaluation that determined the student no longer had a disability ?		

FAMILY INFORMATION

Parent/Guardian First Name	MI	Last Name	Suffix	Telephone <i>Area/No.</i>
Parent/Guardian First Name	MI	Last Name	Suffix	Current Resident School District <i>No abbreviations</i>
Home Street Address			City	State Zip

PARENT OR GUARDIAN CERTIFICATION

Initial here certifying that you received the comparison of the rights of students with disabilities under special education law and under the SNSP.	
Initial here certifying that you have received a profile of the private school's special education program.	

I, AS THE PARENT OR GUARDIAN, CERTIFY that all of the information on this application is true and correct. I understand that any of the information on this application or related to this application, including the IEP/services plan and residency documentation, may be subject to further review and verification by school and/or state officials. **I ALSO UNDERSTAND** that, no more frequently than once every three years, I must make the student available for an IEP reevaluation within 60 days following a request from the public school district for the student to continue to be eligible. I give LEAs permission to release any IEP, services plan, or evaluation for my student to the private school listed above for use in connection with Wis. Stat. §115.7915 and Wis. Admin. Code PI 49. Further, the private school listed above may provide any IEP, services plan, or evaluation to SNSP auditors and the DPI.

Signature of Parent or Guardian <i>MUST be the same name as one of the parents / guardians listed above.</i> ➤ <i>Daphne Blake</i>	Date Signed <i>Mo./Day/Yr.</i>
---	--------------------------------

FOR SCHOOL USE ONLY

<input type="checkbox"/> Yes <input type="checkbox"/> No Based on the information provided by the parent or guardian, the student is eligible pending verification that the IEP/services plan requirement was met.	Date Application Received <i>Mo./Day/Yr.</i>
---	--

The LEA provided a copy of the following in response to the request that the LEA verify that the student had an IEP or services plan that meets the requirements described in the IEP or services plan requirement section. *Retain a copy of the verification from the LEA with the application.*

<input type="checkbox"/> IEP (the student is eligible)	<input type="checkbox"/> Services Plan (the student is eligible)
<input type="checkbox"/> Neither an IEP or a Services Plan or the student was determined to no longer have a disability (the student is not eligible)	

I, AS THE ADMINISTRATOR OR DESIGNEE RESPONSIBLE FOR PUPIL ADMISSIONS, have reviewed the student application and have determined that it is properly and completely filled out to the best of my knowledge. I attest that I have received the residency document(s) and IEP/ services plan from the LEA in response to the IEP/services plan verification request.

Signature of SNSP Administrator or Designee ➤ <i>Scoby Doo</i>	Printed Name of SNSP Administrator or Designee	Date Signed <i>Mo./Day/Yr.</i>
---	--	--------------------------------

Previous Balance	Payments Received through 6/15/24	Credits and Adjustments to Prev Balance	Past Due Balance	Current Charges Due 7/25/24	TOTAL AMOUNT DUE
116.34	58.17	0	58.17	62.24	120.41

ACCOUNT SUMMARY

Previous Balance	116.34	
Payments Received through 6/15/24 Thank You!	58.17	
Credits and Adjustments to Prev Balance	0	
Past Due Balance	<hr/>	58.17
Monthly Service Charges	49.99	
Local Usage	0	
Roaming Charges	0	
easyedge™ Data Services Changes	0	
Other Charges & Credits	0	
Taxes	6.89	
Total Current Charges Due by 7/25/24	<hr/>	62.24
TOTAL AMOUNT DUE		120.41

Thank you for choosing our wireless service. We appreciate your business.
 For billing inquires, call 888-944-9400 or call 611 from your U.S. Cellular® phone, always a free call.

Please detach and mail bottom portion with your payment to ensure proper handling.



Account Number: 9876543210-000

Total Amount Due by 7/25/24	Amount Enclosed
120.41	

Check box to indicate address change and/or comments on .

U.S. Cellular
 Dept. 0205
 Platine, IL 60055-0205

Fred Jones
 123 Mystery St
 Madison, WI 12345





123 Mystery Lane, Madison, WI X O

Search Time

(1 of 4)

V3 STATEWIDE PARCELS (2016):

Parcel ID	24681012
Tax Parcel ID	
Tax Roll Year	2016
Primary Owner Name	Scrappy-Doo
Secondary Owner Name	
Full Mailing Address	123 Mystery Lane, Madison WI 12345
Full Physical Address	123 Mystery Lane
Place Name	CITY OF MADISON
School District	MADISON METROPOLITAN SCHOOL DISTRICT
School District Number	3269
Improved Structure	NO
Total Assessed Value	0.00
Assessed Value of Land	0.00
Assessed Value of Improvements	0.00
Assessed Forested Value	0.00
Estimated Fair Market Value	0.00
Net Property Tax	0.00
Gross Property Tax	
Class of Property	1
Auxiliary Class of Property	
Assessed Acres	0.04
Deeded Acres	0.04
GIS Acres	0.04
County Name	DANE
Parcel Source	DANE

Zoom to

2016

43.079 -89.382 Degrees

Part of the Version 3 Statewide Parcel Map E

site address field was created to minimize the number of searches required. Highway annotation will be in one of the following formats:

Scooby Doo

From: Dinkley, Velma <velma.dinkley@email.address> **Sent:**
Tuesday, August 7, 2024 11:40 AM
To: Scooby Doo <scooby.doo@email.address>
Subject: Re: SNSP IEP/Services Plan LEA Verification Request

Hello Scooby Doo,

Shaggy Rogers had a services plan that was developed no earlier than September 15, 2021. The student has not had a more recent reevaluation by our district since the plan was developed that determined that he no longer had a disability.

Please let me know if you have any questions.

Thank you,

Velma Dinkley

From: Scooby Doo <scooby.doo@email.address>
Sent: Friday, August 3, 2024 8:35 AM
To: Dinkley, Velma <velma.dinkley@email.address>
Subject: SNSP IEP/Services Plan LEA Verification Request

Dear Velma Dinkley,

This email is to notify you that the following student has been found eligible by our school to participate in the Special Needs Scholarship Program (SNSP), pending verification that the student has an individualized education program (IEP) or services plan that meets one of the following requirements. You are receiving this email because the student's SNSP application identified that your LEA developed the IEP or services plan. The information for this applicant is as follows:

Application School Year: 2024-25 School Year

Student First and Last Name: Shaggy Rogers

Date of Birth: 12/24/2014

Date Application Received: 7/23/2024

Student Resides in Your District: Yes/No

Name of Private School Applying To: Detective

School Private School Phone Number: 123-456-7889

The above individual must meet one of the following to be eligible:

- The student has an IEP or services plan that is being implemented as of the date application received listed above; or
- The student has an IEP or services plan that was developed no earlier than September 15, 2021 AND the student has not had a more recent reevaluation since the plan was developed that determined that he or she no longer had a disability.

Wis. Stat. 115.7915 (2) (bm) and Wis. Admin. Code PI 49.05 require that the LEA that developed the IEP or services plan verify the student meets the above requirement within five (5) business days of receiving this verification request from the private school. **Please reply to this email within five (5) business days with one of the following:**

- If the student meets the above requirements, provide a copy of the student's most recent IEP or services plan.
- If the student does not meet the above requirements, indicate the LEA has no record that the student meets the above requirements.

If you have any questions, please reply to this email or call the school phone number listed above. The Department of Public Instruction has a Frequently Asked Questions for public school districts at <https://dpi.wi.gov/parental-education-options/special-needs-scholarship/student-applications> that has information on the SNSP in general and the LEA's verification that the student has an IEP or services plan that meets the SNSP requirements.

Thank you,
Scooby Doo

Special Needs Scholarship Program: Agreement of Services

This optional template is being provided by the Department of Public Instruction for the private school and parent or legal guardian ("parent") to document the services the parent and the private school have agreed the private school will provide for the student. If desired, the private school may insert its letterhead in the header. The private school and the parent must agree to the services that will be provided to the SNSP student. In determining the services that will be provided by the private school, the private school and parent should refer to the Individualized Education Program (IEP) or services plan developed by the local education agency. If applicable, this document should include services provided by the private school through a contracted service provider. The services outlined in an IEP or services plan will not be provided by the private school unless they are included below. This document does not include services that are provided by the public school district through a services plan; if the student has a services plan from the public school district, those services are outlined in the services plan from the public school district, which is a separate document.

The school and the parent must agree to the services that will be provided for a student before the school will be eligible to receive a SNSP payment for the student.

A. General Information			
Private School Name	Detective Agency		
Student Name	Shaggy Rogers	Student Date of Birth:	12/24/2014
Private School Special Education Program Overview <i>Below, the school may provide information about general services the private school offers to students with disabilities that will be available for the student. This should describe general services offered by the school rather than specific services that will be provided for the student.</i>			
N/A			

B. Services Provided to Student

In this section, the private school and parent should identify:

- 1) **Aids, services and other supports** that will be provided to enable the student to be educated with nondisabled children. Examples of these types of services include: an aide, specific assistive technology devices (specify the type that will be used), any staff support for personal care or during school transitions, or any other similar commitment of resources by the private school to educate the student.
- 2) **Specially designed instruction**, regardless of where the instruction is conducted, that is provided to meet the unique needs of a child with a disability, including instruction in physical education. Examples of these types of services may include: a curriculum that is designed to meet the unique needs of a child with a disability or providing additional tools/resources as part of the learning curriculum (such as a specialized computer program to help a child with a subject).
- 3) **Related services** such as transportation or such developmental, corrective, and other supportive services as may be required to assist the child in benefiting from special education. Examples of these types of services include: speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, social work services, school nursing services designed to enable a child with a disability to receive an education, counseling services, including rehabilitative counseling, or orientation and mobility services.

None

Description	Frequency & Amount
Provide a one on one aide	5 days per week for 2 hours per day
Speech-language pathology services from ABC Speech	5 days a week for 1 hour per day
Occupational Therapy from CESA 1	2 hours per week
Modified physical education class	1 hour per week

C. General Classroom Accommodations

In this section, the private school and parent may include accommodations to the general curriculum that the student needs to meet the educational standards that apply to all students. Examples of these include extra time for examinations, the option to type an assignment rather than handwrite, oral recitation of examination questions or assignments, retelling assignment instructions, etc.

None

Description	Frequency & Amount
Additional time to complete tests as need	As needed.
The aide will describe the assignments orally to Shaggy to assist in his understanding.	As needed.

D. Additional Information

If there are any other items the school and parent have agreed will be provided for the student, identify them below. In this section, identify any activities that will be provided directly to school personnel to help the school personnel meet the needs of the student, if applicable. An example of this would be school personnel attending a training on how the school personnel can meet the needs of the student related to their disability.

Description

The school will send Shaggy's one on one aide to a day long training on how to most effectively assist a student with Shaggy's disability.

E. Parent/Legal Guardian Signature

Printed Name of Parent or Legal Guardian Signing Below	Fred Jones	
Signature of Parent or Legal Guardian	Date Signed Mo./Day/Yr	
<i>Fred Jones</i>	8/16/24	

F. School Representative Signature

Printed Name of School Representative Signing Below	Scooby Doo	
Signature of School Representative	Date Signed Mo./Day/Yr	
<i>Scooby Doo</i>	8/14/24	