

## MacMichael, Mary

---

**From:** Torbik, Catherine  
**Sent:** Wednesday, April 5, 2023 3:01 PM  
**To:** MacMichael, Mary  
**Subject:** board agenda item  
**Attachments:** establish program.doc; Request to Establish Program GPSD.docx; Est. SE Program .pdf

Hi -

Here is the application to Establish our 18-21 program at GHS. I have the documentation that includes teacher information that I will send when we apply but left it off here so that you can publish this item. Hope that makes sense.

Thanks,

*Catherine R. Torbik*

Director of Special Services  
Glassboro Public Schools  
856-652-2700 ext 6405

# GLASSBORO SCHOOL DISTRICT

## Monthly Board Items

Date Submitted: 4/3/23

Proposed Effective Date: 2023 – 2024

**Short description (title): Transitions Program**

**Submitted by:**  
Catherine Torbik

**Building:**

GHS

**Proposed cost/amount:**

**ESY:**

**Funded through:**  
District funds

**Grade(s) impacted if any:**

Beyond 12<sup>th</sup> grade

**Board Action Requested:**

Consideration to approve Request to Establish a Special Education Program or Service for the implementation of a New 18 – 21 year old transition program.

**Details and ramifications:**

Students with IEPs have the right to District funded programming until the age of 21 if mandated by IEP need. Currently Glassboro does not have a program for students that require these services and sends individual students to out of district placements. This program will serve to provide these mandates to our students within the district allowing them to continue with their Glassboro education.

**Positives:**

Please see attachment.

**Concerns:**

**Other Comments:**

Program is budgeted through programming of students in district rather than seeking Out of district placement. This program will allow GPSD to maintain students with intention of returning students to their home school as appropriate.

FOR OFFICE USE ONLY:

Board Date: \_\_\_\_\_

Approved: Y or N

Index #: \_\_\_\_\_

Glassboro Public School District  
Request to Establish a Special Education Program Service  
Glassboro High School  
Transitions Program

1. Currently Glassboro Public School District is unable to provide educational services to students beyond 12th grade. Students that have IEP requirements beyond 12th grade are sent to out of district placements. Establishing a transition program will allow us to provide services to Glassboro students beyond their 12th grade year.
  
2.
  - a. For the 2023 - 2024 school year, the age range will be 17 - 19. The intention is to program for students each year as mandated by IEP. The range would vary between 18 - 21 years. For the 2023 - 2024 school year there are 6 students projected for this classroom. Each year the class size will vary based on student IEP placement needs but will not exceed NJAC class size requirements.
  - b. This program is designed to meet the needs of students transitioning into post-secondary education. Students will have an alternative and/or adaptive PE experience, accessing local gyms to support their growth through physical activity. Student learning will focus on Career Readiness, Life Literacies, and Key Skills Standards through Community Based Instruction and Work Based Learning experiences.
  - c. This program will allow students to continue their placement in their home school / district rather than seeking out of district placements to continue their education through age 21.
  - d. Young adults in this program will have programming that includes community based instructional opportunities in the Glassboro community and surrounding communities. Work experiences will also be within the community. All of these experiences exist in natural settings with non-disabled peers and co-workers.
  - e. There will be one certified teacher and a minimum of one assistant.
  
3. Alaeida DeColli - Certified Teacher with certification in Structured Learning Experiences. This is a new full time position and schedule will be developed around this course for the teacher. Prior classroom position will be covered by a new hire. Completed Bogg's center CBI training  
Courtney Gonzalez - Speech Therapist to address IEP services. Services will fit within the scheduled school day and will not impact other student services. Completed Bogg's center CBI training.  
Smriti Keating - School Psychologist and case manager will provide case management and address any counseling needs. Completed Bogg's center CBI training.

New Jersey Department of Education  
Gloucester County Office of Education



**Request to Establish a Special Education Program or Service**

District Glassboro Public School District School Name Glassboro High School

or

Name of Approved Private School for Students with Disabilities \_\_\_\_\_

**Section 1: Program Type (6A: 14-4.6 and 4.7)**

*Instructions: Select Program Type and Grade Level Served*

**Resource Program**

Select Grade Level:  *Preschool/Elementary*  *Secondary*

- In-class Resource
- Pull-out Resource
- Supplementary Instruction, in-class
- Supplementary Instruction, pull-out
  - Single subject
  - Multiple subjects
- Replacement, pull-out

Note: Secondary resource programs are for grades 6-12 where instruction is departmentalized

**Special Class Program**

Select Grade Level:  *Preschool/Elementary*  *Secondary*

- Auditory Impairments
- Autism
- Intellectual Disability
  - Mild
  - Moderate
  - Severe
- Emotional Regulation Impairment
- Learning/Language Disabilities
  - Mild/Moderate
  - Severe
- Multiple Disabilities
- Visual Impairment
- Preschool Disabilities
- Secondary Special Class Program (see N.J.A.C. 6A:14-4.7(f-g) for program requirements)

**Other**

- Extended School Year Program
- Other program/service, please specify: \_\_\_\_\_



## Request to Establish a Special Education Program or Service

---

### Section 2: Description of Change Request

*Instructions: Provide responses to all questions below. Response must be submitted as an attachment to this form.*

---

1. Document the unmet student needs that will be addressed by the proposed program.
  
2. Describe the proposed program and explain how it will meet student needs:
  - a. Identify the age range and number of students to be served.
  - b. How will the New Jersey Student Learning Standards be addressed?
  - c. How does this program address least restrictive environment?
  - d. What opportunities will be available for interaction with non-disabled peers?
  - e. State the number of professional and paraprofessional staff. For paraprofessional staff submit the locally developed job description and standards for approval (N.J.A.C. 6:11-4.6(c).
  
3. A list of professional staff who will provide the services for the new program. If existing staff are being utilized provide an explanation of the scheduling changes made to accommodate the new program. If new staff are being hired, provide documentation that a criminal history review pursuant to N.J.S.A. 18A:6-7.1 has been completed for each new hire.

---

### Section 3: Facilities Requirements

---

Each newly proposed resource program, special class program and service must be located in a space that has been approved by the County Superintendent of Schools.

Forms for substandard use are available in the county office.

Facility approval must be obtained before approval of the request to establish a new program can be granted.

Will facility approval be required for this additional program?

Yes

No

New Jersey Department of Education  
 Gloucester County Office of Education



**Request to Establish a Special Education Program or Service**

**Section 4: Statement of Assurance and Board Approval**

I assure that any change in a student's program/placement necessitated by establishing the special education program/service described in the attached proposal will be implemented in accordance with N.J.A.C. 6A:14, Special Education.

Board Approval Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
 (Chief School Administrator)

Date Submitted \_\_\_\_\_

**Section 5: Review and Submission**

The following items must be submitted with your application. Please check the items that you are submitting with the application.

Submitted	Item
X	Section 1: Program Type
X	Section 2: Description of Change Request
X	Section 3: Facilities Approval
X	Signed and dated Statement of Assurance
X	Copy of Board Resolution

Return the completed form by email the County Office of Education

**For NJDOE Use Only**

Approved _____ Denied _____  Signed: _____ Date _____ (County Special Education Specialist)
--