

INSTRUCTIONAL SPACE REVIEW

NOTE: This form is to be completed for all capital projects involving the creation of **NEW INSTRUCTIONAL SPACE ONLY** and submitted as part of the district's preliminary approval documentation (not necessary for new bus garages, administration buildings or other noninstructional space).

School District:		
Building Name & Address:		
Project Control #:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
Project Manager, Office of Facilities Planning:		Phone Number: (518) 474-3906
District Contact: Title:		Phone Number: ()

To be Completed by SED Regional Associate	
Regional Associate (please print):	Date Received:
Address:	Phone Number: ()

If this is a revised form, please check this box:

Note: This form was designed by VESID Special Education Quality Assurance with the cooperation of the Office of Facilities Planning. It is intended to meet the needs of the Department as well as other interested parties by providing information relative to special education classrooms in all schools undertaking capital projects that will create new instructional space.

- 1) How many students currently in separate site placements¹ will be redirected to integrated placements² as a result of this project? _____
- 2) Indicate information on special education classrooms, including BOCES-operated classrooms, in the chart below:

Name of Building _____

Type of Classroom Teacher/Student Ratio	Grade Level ³	Pre-Construction ⁴	Post-Construction ⁵	
		Existing Building	Existing Building	New Building or Addition
15:1				
12:1+1				
8:1+1				
6:1+1				
12:1+4				
Preschool				
Resource Room				
Related Services				
Office				
Other (District)				

FOR NEW INSTRUCTIONAL SPACES ONLY

Minimum Guidelines for Special Education Room Sizes

15:1	770 square feet	Resource Room	300 square feet
12:1+1	770 square feet	Preschool	50 sq. ft./child or 60 sq. ft./child for classrooms serving children who are nonambulatory
8:1+1	550 square feet		
6:1+1	450 square feet		
12:1+4	900 square feet		

- 3) Does this project provide special education space located in age-appropriate areas and integrated within the school? Yes No Please explain your answer in narrative form, on a separate page, including timelines for implementation, benchmarks achieved, justification for plan, etc.

¹ In buildings attended by students with disabilities only.

² In buildings attended by both disabled and nondisabled students.

³ Please use letter "E" for elementary, "M" for middle school and "S" for secondary.

⁴ Pre-Construction – as the building is currently being used.

⁵ Post-Construction – as the building will be used when the project is completed.

Certification of Instructional Space Review by Superintendent of Schools, District Superintendent and Special Education Regional Associate

The Superintendent of Schools has conferred with the District Superintendent and the Quality Assurance Regional Associate, and they agree that the proposed project is consistent with: (1) the continual allocation of appropriate space within the district for special education programs; (2) the district's long-range plan for educational facilities; and (3) the District Superintendent's approved five-year Special Education Space Requirements Plan. In addition, the Superintendent of Schools certifies by signing below that the appropriate special education spaces indicated under Item 2 on page 2 will be reflected on the actual floor plans submitted to the Office of Facilities Planning. (Note: Should the final floor plan not agree with Item 2 on page 2, the Superintendent of Schools must submit a revised copy of this form to the Regional Associate, who will review it for approval. After discrepancies are reconciled, the RA will return this form to the Project Manager in Facilities Planning with appropriate explanation.)

Project Control Number: - - - - - -

Name of School District: _____

Name of Building: _____

Name of Superintendent (print or type): _____

Signature: _____ Date: _____



Name of District Superintendent (print or type): _____

Approval Disapproval

If disapproved, explain reason(s): _____

Signature of District Superintendent: _____ Date: _____



Name of Special Education Regional Associate (print or type): _____

Recommendation to Facilities Planning: Approval Disapproval

If disapproval is recommended, explain reason(s): _____

Signature of Regional Associate: _____ Date: _____

VESID SPECIAL EDUCATION QUALITY ASSURANCE

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