**Public or Private Institution   
Continuing Approval Protocol**

**Court Ordered or Medically Necessary Placed Students**

**REVIEW**

Revised 11-2019 - 3 pages total

**Institution/Facility Name:**

**Location:**

**Address:**

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**Phone Number:**

**Fax Number:**

**Facility Contact:**

**WDE Reviewer:**

**Date**

**Section I: Annual Verification of Assurances**

Has the institution continued to submit required assurances, especially any changes, to WDE; electronically, if at all possible?

**Yes No**

**Section II. In- and Out-of-State**

Has the institution continued to provide annual documentation of meeting the *HEALTH and FIRE regulations* for purposes of occupancy in its city/state? Evidence of Fire Inspections and Health Department Inspections:

**Yes No**

Please include any information that may clarify or explain the above response.

Has the institution *provided any changes* to the WDE of any of its *HEALTH or FIRE regulations* in order to keep the WDE up-to-date?

**Yes No**

Please include any information that may clarify or explain the previous response.

If applicable, has the institution continued to provide *evidence of its education program* approved by its state agency governing the education of school-aged students?

**Yes No**

If applicable, does the institution ***continue*** *to annually provide the WDE with copies**of the following* ***–note expiration date on papers****:*

1. State Department of Education Certification? **Yes No**
2. State Accreditation Documents? **Yes No**
3. Proper State Licensures/Certificates/Endorsements for each of the staff by the appropriate state authority?

**Yes No**

1. Licensure or accreditation as a private residential treatment facility or psychiatric residential treatment facility by the appropriate state authority?  
    **Yes No**
2. School or Education Program’s Daily Instructional Schedule?

**Yes No**

1. School or Education Program’s Calendar of Events?

**Yes No**

1. School or Education Program’s Instructional Hours per Day?

**Yes No**

1. School or Education Program’s Instructional Days per Year?

**Yes No**

Any comments or clarifying information of the above eight (8) questions referring to copies provided to the WDE, please include below:

If there have been any changes (additions/deletions) in the *types of educational services* provided, including the characteristics of the students to be served by the institution (population, ages), has the institution provided WDE with copies of the change(s)?

**Yes No Changes**

If there have been any changes (additions/deletions) regarding the policies and procedures of the *admission or discharge criteria of students*, has the institution provided WDE with copies of the change(s)?

**Yes No Changes**

If there have been any changes (additions/deletions) regarding the policies and procedures pertaining to *faculty or staff*, have copies been provided to WDE with the change(s)?

**Yes No Changes**

Is there clear evidence that the institution has, and is, maintaining accurate records about each student in the education program, including, but not limited to, the following:

1. Date of admission; source of referral; court order; named current custody or guardianship and place of residence; student’s DOB; Student’s Wyoming Integrated Statewide Data System Record Identifier (WISER ID)

**Yes No**

1. Student incident(s) record; attendance record **Yes No**
2. Up to date record of the student’s education program, including resident school contact and contact’s information **Yes No**

What current evidence is found regarding the following:

1. Equal access for children with disabilities as required by applicable federal and state laws, rules, and related regulations:
2. Records necessary to comply with provisions and applicable state and federal laws and regulations for children with disabilities:
3. Guarantee equal opportunities to all students placed in care of the facility regardless of the students’ race, color, national origin, sex, or disability*—usually found in policies, disclaimer*: