E-School Sponsor Certification Plan

Plan by computer-based schools for services to disabled students.

Form **B**

E-School Name:	IRN:				
School Address:					
School Phone Number:	School Fax:				
School Administrator:	Title:				
Administrator Email:	Phone:				
Special Education Director:					
Special Education Director's Email:	Phone:				
Grade Levels Served:	Total Enrollment:				
Number of Students with Disabilities Enrolled:					
 The sponsor certified the e-school has policies Yes Additional Comments: 	s and procedures for Child Find:				
 The sponsor certified there is a continuum of services being offered/provided by the e-school: 					
Yes	No				
Additional Comments:					
3. The sponsor certified the e-school students ar Yes	e taught by appropriately licensed teachers:				
Additional Comments:					

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4. The sponsor certified the e-school is implementing specially designed instruction in an individualized manner and being provided as stated in each individualized education program (IEP)?

	Yes	No			
Additional Comments:					
5. The sponsor certified the e-school ensures all students are receiving the appropriate accommodations or modifications as required per their IEPs?					
	Yes	□ No			
Additional Comments:					
6. The sponsor certified	the e-school ensures the	e child has an aid if required per the IEP?			
	☐ Yes	No			
Additional Comments:					
7. The sponsor certified the e-school ensures the child has access to assistive technology as required per the IEP?					
	Yes	No			
Additional Comments:					
8. The sponsor certified the e-school's IEPs are reviewed for and amended regarding progress or lack of progress?					
	Tes Yes	□ No			
Additional Comments:					



9. The sponsor certified the e-school provides related services to the child as required per the student's IEP?

	Yes		No	
Additional Comments:				
10. The sponsor certifie	ed the e-school pr	ovides medical	supports as required per the IEP?	
	Yes		No	
Additional Comments:				
Sponsor Name:				
Sponsor Representativ	ve:			
Additional Comments,	if any:			

