# 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: _____

1. The sponsor certified the e-school has policies and procedures for Child Find:

☐ Yes          ☐ No

| Additional Comments: |
|---|
|  |

2. 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 are taught by appropriately licensed teachers:

☐ Yes          ☐ No

| Additional Comments: |
|---|
|  |

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 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?

☐ 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 certified the e-school provides medical supports as required per the IEP?

    ☐ Yes      ☐      No

| |
|---|
| Additional Comments: |

Sponsor Name: _____

Sponsor Representative: _____

| |
|---|
| Additional Comments, if any: |