



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12242

OFFICE OF SPECIAL EDUCATION  
SPECIAL EDUCATION QUALITY ASSURANCE NONDISTRICT  
UNIT

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APPLICATION FOR COMMISSIONER'S APPOINTMENT FOR A STUDENT  
TO ATTEND A 4201 STATE

## Statements of Assurance

**All required CSE/CPSE members, the student's parent/guardian, the student** when appropriate, and the **representative** from the State-supported school participated in the CSE/CPSE review and the CSE/CPSE determined that its recommendation for the student to receive his/her special education services at a 4201 State-supported school represents the least restrictive environment (LRE) for that student. [8NYCRR 200.3(a)(1), 200.4(c)(3), 200.16, and 34CFR 300.344(a)(1), (2), (3), and (4)]

An individualized education program (IEP) has been developed and recommended by the CSE/CPSE. The IEP addresses all mandated areas including but not limited to (1) a transition plan, when appropriate, and (2) a statement that confirms that the placement represents LRE for this student since it was determined that there were no local public schools or BOCES programs that could provide the individualized education services required by this student. [8NYCRR 200.4(c)(2), 200.4(d)(1), 34CFR 300.340, 300.342, 300.346, and 300.346(b)]

In developing the transition plan for transition services, defined in 8NYCRR 200.1(rr), the CSE/CPSE has addressed the following eight quality components:

- y The student is actively involved in transition planning and is supported in achieving desired adult goals.
- y Family membe

The signatures below confirm that all required individuals were in attendance at the CSE/CPSE review and that the policies, procedures, and State and federal regulations previously listed in the Statements of Assurance pertaining to this student's special education placement have been adhered to by the CSE/CPSE.

**Signature of two Board-appointed CSE/CPSE representatives:**

_____	_____
CSE/CPSE Representative	Date
_____	_____
CSE/CPSE Representative	Date

**Signature of representative from the 4201 State-supported school:**

\*(If teleconferencing was utilized, please check box below and indicate name of