



New Jersey Department of Education (NJDOE)

Office of Special Education Community Transition Program

Instructions:

This application is for those agencies, other than local education agencies, that will provide transition services to students with disabilities and does not cover the provision of academic services to students with disabilities and does not govern provision of academic services only, the applicant must meet the following criteria:

1. NJDOE Approval as an Approved Private School for Students with Disabilities¹, or
2. NJDOE Approval as a Clinic or Agency; or
3. Currently operating as a NJ College or University.

Additional Requirements:

1. The applicant must provide a list of those staff members who are employed by the community transition program and include documentation of their criminal history review clearance for their employees.
 - Attach a list of staff with the Criminal History Review (CHR) approval date; and,
 - Documentation of CHR clearance.
2. Provide a narrative of the Community Transition Program. To help districts to identify appropriate community transition programs to meet the needs of individual students, the following information should be included:
 - Ages of students served.
 - Disabilities categories.
 - Counties served; and
 - Specific transition services provided²

¹ Community Transition Programs must operate as an entity separate from the state approval of an Approved Private School for Students with Disabilities (APSSD). The rates charged for these programs are separate and apart from the tuition rates of these schools and are not regulated as part of such tuition rates.

² The description will be used as part of a directory of Approved Community Transition Programs posted on the NJDOE website.

Office of Special Education (OSE)
Application to Establish a Community Transition Program

Applications may be emailed to jean.kelly@doe.nj.gov or mailed to the address below:

Office of Special Education
NJ Department of Education
100 Riverview Plaza
P.O. Box 500
Trenton, NJ 08625-0500
Attention: Jean Kelly (OSE)

Please complete the information below:

Program Name:

Program Address:

Website:

Phone:

Fax:

Contact Name:

Phone:

Verify the following information (select all that apply):

Currently operating as:

1. An NJDOE Approved Private School for Students with Disabilities (APSSD)
 - a. Name of APSSD:
 - b. Code for APSSD:
2. An NJDOE Approved Clinic/Agency
 - a. Name of Clinic/Agency:
 - b. Code of Clinic/Agency:
3. A NJ College or University
 - a. Name of College or University: