



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING



MICHAEL P. FLANAGAN  
SUPERINTENDENT OF  
PUBLIC INSTRUCTION

MEMORANDUM

TO: Intermediate School District Directors of Special Education

FROM: Jacquelyn J. Thompson, Ph.D., Director  
Office of Special Education and Early Intervention Services

DATE: September 18, 2007

SUBJECT: Validation of Section 53a Pupils for the September 2007  
Pupil Count Date

Section 53a of the State School Aid Act provides 100 percent reimbursement of the added cost for eligible pupils. Intermediate school districts (ISDs) are to coordinate the process of determining which pupils within their ISD and constituent local education agencies or districts are eligible.

Attached is the list of Section 53a pupils validated by the Michigan Department of Education for the February 2007 Count from your intermediate and constituent local districts.

The process for validating Section 53a pupils for the September 2007 Pupil Count is as follows:

- 1) Compare the attached 2006-07 February list of validated Section 53a pupils with your 2007-08 September Section 53a pupil enrollment as reported on the DS-4061, State Aid FTE Count – Worksheet A.
- 2) Make any deletions or corrections in red on the 2006-07 February list of pupils. If no deletions or corrections are necessary, please indicate so on the list and return the list to the Department.
- 3) For any new pupils **not** on the 2006-07 February list, complete the enclosed form and attach the following documentation:

OSE/EIS-07-16

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608 WEST ALLEGAN STREET • P.O. BOX 30008 • LANSING, MICHIGAN 48909  
[www.michigan.gov/mde](http://www.michigan.gov/mde) • (517) 373-3324

**NOTE:** Pupils must be eligible for membership to be claimed as Section 53a on the September 2007 Pupil Count Date **and not in a program with a federally funded teacher under the Individuals with Disabilities Education Act (IDEA).**

- a) The name, age, and special education FTE for each pupil.
  - b) For court or state agency placed pupils, attach either court or state agency documents verifying the pupil was placed by the agency and the pupil lived in another ISD when coming under the jurisdiction of the court or state agency.
  - c) For pupils who were former residents of Department of Community Health (DCH) Institutions for the Developmentally Disabled placed in community settings, attach written verification from DCH/Community Mental Health (CMH) that the pupil was a resident of a DCH institution and the dates, both beginning and ending, that the pupil was institutionalized.
  - d) For parent placed pupils, attach the parents' address and school district of residence at the time of placement and a statement signed by the parent indicating the placement was made for the purpose of providing a suitable home.
  - e) For pupils residing in DCH institutions, attach copies of Worksheet A from the DS-4061 form.
- 4) Return the February 2006-07 list with or without changes, the necessary required documentation, and **COPIES OF YOUR DS-4061 A-WORKSHEETS** to the following address by November 21, 2007:

Dianne Easterling  
Office of Special Education and  
Early Intervention Services  
Michigan Department of Education  
P.O. Box 30008  
Lansing, Michigan 48909

Also attached for your reference is the criteria for validating Section 53a pupils. If you have questions or need further information, please contact Ms. Dianne Easterling at (517) 241-4517.

JT/DE/lp  
Attachments

## **CRITERIA AND PROCEDURES FOR DETERMINING ELIGIBILITY AND COUNTING PUPILS FOR SECTION 53a FUNDING**

The following information is required to verify eligibility of special education pupils to be counted for Section 53a on the DS-4061. Verification must be sent to the intermediate school district (ISD) for each pupil whose name is listed on the A Worksheets. The ISD will check the information, keep it on file, and provide it to the Department of Education upon request.

### **1. Court or state agency placed pupils.**

A letter from the court or state agency on agency letterhead is required. The letter must contain sufficient information to verify the pupil lived in another ISD at the time the pupil came under the jurisdiction of the court or state agency. This will require the address where the parents lived, when the pupil came under the jurisdiction of the court or state agency, and verification that the court or state agency placed the pupil at the present location. This may be documented by supplying a copy of the court order or individualized service agreement from the Department of Human Services (DHS).

While the Department of Education prefers copies of the court order or DHS individualized service agreement be submitted, other forms of documentation may be acceptable provided the Department is able to discern that the court or DHS is the agency making, and responsible for, the placement of the pupil. This documentation must also meet the qualifications listed in the above paragraph.

Pupils placed by a Care Management Organization (CMO) from Wayne County are eligible as Section 53a provided that such youth are placed as consent or accepted cases. Documentation required to validate these pupils is both the initial court order and the CMO individual service agreement with the contracting provider.

Examples of Care Management Organizations are:

- Black Family Development
- Bridgeway
- Central Care Management Organization
- Growth Works
- Starr/Vista

Pupils placed by private agencies, such as Catholic Family Services or Lutheran Social Services, and pupils placed by Community Mental Health Boards **do not qualify** under this category unless there is evidence that they are wards of the state and placed by the agency on behalf of the court or state agency.

### **2. Pupils residing in institutions operated by the Department of Community Health.**

Provide verification to the ISD that the pupil was a resident of a Department of Community Health (DCH) Institution for the Developmentally Disabled. A list of these institutions is attached. Such verification would include written confirmation from the DCH or the Community Mental Health Board that the pupil was a resident of a DCH institution and the dates the pupil was institutionalized. The letter containing the dates of institutionalization needs to verify pupil was fully institutionalized in the facility on the pupil count day.

3. **Pupils who are former residents of DCH Institutions for the Developmentally Disabled who are placed in community settings other than the pupil's home.**

Provide verification to the ISD that the pupil was a resident of a DCH Institution for the Developmentally Disabled. A list of these institutions is attached. Such verification would include written confirmation from the DCH or the Community Mental Health Board that the pupil was a resident of a DCH institution and the dates the pupil was institutionalized.

Pupils who only received diagnostic services, counseling, placement, or respite care **do not qualify** under this section.

4. **Parent placed pupils.**

The term "parent" is defined in R 340.1701b(e) as follows:

"Parent" means mother, father, or legally designated guardian of the student or youth with a disability. "Parent" also means the affected student or youth with a disability when the student or youth with a disability reaches 18 years of age, if a legal guardian has not been appointed by appropriate court proceedings.

Parent placed pupils qualify for Section 53a if the placement was for the purpose of providing a suitable home and the parent resides in another ISD. Verification of such placement will include the pupil's birthdate, the parent's name, address and school district of residence, and the statement that the placement was for the purpose of providing a suitable home. This information must be signed by the parent.

The following pupils **do not qualify**:

- a) Pupils over the age of 18, unless there is documentation that the court has established a full legal guardian who is a resident of another ISD.
- b) Pupils placed for the purpose of seeking a suitable education (the pupil is only residing in the district during the school year, the parent says they placed the pupil for educational purposes, or a guardian has been assigned to oversee the pupil's education). This also includes pupils placed in a district for a day program who live in another district at night.
- c) Pupils placed for the purpose of adoption or pupils who have been adopted.

## **DEPARTMENT OF COMMUNITY HEALTH INSTITUTIONS FOR DEVELOPMENTALLY DISABLED**

Caro Regional Mental Health Center  
Caro, Michigan 48723

Coldwater Regional Center for Developmental Disabilities  
620 Marshall Road  
Coldwater, Michigan 49036

Hillcrest Regional Center for Developmental Disabilities (CLOSED)  
Howell, Michigan 48843

Joseph M. Snyder/Macomb-Oakland Regional Center  
16200 Nineteen Mile Road  
Mt. Clemens, Michigan 48044

Mt. Pleasant Regional Center for Developmental Disabilities  
1400 West Pickard  
Mt. Pleasant, Michigan 48858

Mt. Pleasant Regional Center/Alpine Unit  
P.O. Box 578  
Gaylord, Michigan 49735

Muskegon Regional Center for Developmental Disabilities  
1903 Marquette Avenue  
Muskegon, Michigan 49442

Newberry Regional Mental Health Center  
3001 South Newberry Avenue  
Newberry, Michigan 49868

Oakdale Regional Center for Developmental Disabilities  
2995 West Genesee  
Lapeer, Michigan 48446

Plymouth Center for Human Developmental (CLOSED)  
15480 Sheldon Road  
Northville, Michigan 48167

Southgate Regional Center for Developmental Disabilities  
16700 Pennsylvania Road  
Southgate, Michigan 48195

District Name \_\_\_\_\_

2007-08

New Section 53 Pupils  
as of the September 2007 Pupil Count Date

| Name | Age | FTE | Attending<br>District | Resident<br>District | Placed<br>By |
|------|-----|-----|-----------------------|----------------------|--------------|
|------|-----|-----|-----------------------|----------------------|--------------|

**WORKSHEET A: BASIC CLASSROOM PROGRAMS — SECTION 53**  
**STUDENT COUNT FOR SPECIAL EDUCATION**

Circle Reimbursement Code (one only):

| <b>CODE</b> | <b>PROGRAM ASSIGNMENT<br/>OF CLASSROOM TEACHERS</b> |
|-------------|-----------------------------------------------------|
| 110         | Mild Cognitive Impairment                           |
| 120         | Moderate Cognitive Impairment                       |
| 130         | Severe Cognitive Impairment                         |
| 140         | Emotional Impairment                                |
| 150         | Learning Disability                                 |
| 160         | Hearing Impairment                                  |
| 170         | Visual Impairment                                   |
| 180         | Physical & Other Health Impairment                  |
| 190         | Severe Multiple Impairment                          |
| 191         | Early Childhood Special Ed. Program                 |
| 192         | Severe Language Impairment                          |
| 193         | Autistic Impairment                                 |
| 194         | Resource Room                                       |
| 270         | Early Childhood Special Ed. Services                |

Teacher Name \_\_\_\_\_

Educating  
District Name \_\_\_\_\_

Institution/Building \_\_\_\_\_  
Nursing Home \_\_\_\_\_

**DIRECTIONS:** This form must be returned to your Intermediate School District. Keep one copy for your records.

Additional copies may be reproduced.

**Section 6 Defined Center Programs:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**PURPOSE:**

This form identifies pupils eligible for 100% of Added Cost funding under Section 53 of the State School Aid Act.

It will also be used to determine FULL TIME EQUIVALENCY (FTE) membership assigned to Basic Classroom Programs.

| Name of Student                                                    | District of Residence | STUDENT FTE PER WEEK IN: |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      | Total FTE<br>(Columns 3-17) | AGE |
|--------------------------------------------------------------------|-----------------------|--------------------------|------------------------------------------------|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|------------|------|-----------------------------|-----|
|                                                                    |                       | Sp. Ed.<br>B.C.<br>FTE   | General Education By Grade Level               |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
|                                                                    |                       |                          | K                                              | 1   | 2   | 3   | 4   | 5   | 6    | 7    | 8    | 9    | 10   | 11   | 12   | Alter. Ed. |      |                             |     |
| (1)                                                                | (2)                   | (3)                      | (4)                                            | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17)       | (18) | (19)                        |     |
| 1.                                                                 |                       |                          |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
| 2.                                                                 |                       |                          |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
| 3.                                                                 |                       |                          |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
| 4.                                                                 |                       |                          |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
| 5.                                                                 |                       |                          |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
| 6.                                                                 |                       |                          |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
| 7.                                                                 |                       |                          |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
| 8.                                                                 |                       |                          |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
| 9.                                                                 |                       |                          |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
| 10.                                                                |                       |                          |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
| 11.                                                                |                       |                          |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
| 12.                                                                |                       |                          |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
| 13.                                                                |                       |                          |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
| 14.                                                                |                       |                          |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
| 15.                                                                |                       |                          |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
| <b>GRAND TOTAL HEAD COUNT</b><br>(Total Number of Students Listed) |                       | <b>TOTALS</b>            |                                                |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |
|                                                                    |                       |                          | Individual Totals for Columns (3) through (18) |     |     |     |     |     |      |      |      |      |      |      |      |            |      |                             |     |

## **WORKSHEET A GENERAL INSTRUCTIONS**

### **General Instructions:**

1. Enter the teacher's name and circle the appropriate reimbursement code of that teacher.
2. Enter the educating district's name and school code number. Enter the appropriate building name.
3. Check yes or no if the program is a center program as defined in Section 6. Section 6(1) of the State School Aid Act defines a center program as follows:

Sec. 6. (1) "Center program" means a program operated by a district or intermediate district for special education pupils from several districts in programs for pupils with autism spectrum disorder, pupils with severe cognitive impairment, pupils with moderate cognitive impairment, pupils with severe multiple impairments, pupils with hearing impairment, pupils with visual impairment, and pupils with physical impairment or other health impairment. Programs for pupils with emotional impairment housed in buildings that do not serve regular education pupils also qualify. Unless otherwise approved by the department, a center program either shall serve all constituent districts within an intermediate district or shall serve several districts with less than 50% of the pupils residing in the operating district.

### **Column Instructions:**

- Column 1: List students in alphabetical order, last names first.
- Column 2: This column has been added to allow districts to identify nonresident pupils. This column is optional. If the district has another method of tracking the FTE of non-resident pupils, inform teachers to skip column 2.
- Column 3: List the special education FTE in this column. You may prorate to either tenths (0.0) or hundredths (0.00) but be consistent. This is determined by the ratio of time spent in special education programs to the total program of the pupil. Use the clock hours of a normal school week as the denominator. Hours spent in special education basic classroom programs are the numerator.
- Column 4 through Column 17: List the number of hours in FTE that each student spends in general education according to the assigned general education grade level.
- Column 18: List the total FTE in both general and special education basic classroom program, column 3 through 17.
- Column 19: Indicate students' age at last birthday.

Figure column totals. Line totals in column 3 through 17 equal totals in column 18. Column 19 total is not transferred to any other page.

The total in column 3 is summed with all the A worksheets of the same teacher reimbursement code and transferred to the special education page column 1 under the appropriate reimbursement code.