



## 2023-2024 Application Under Section 51a(6) of the State School Aid Act

Michigan Department of Education Office of Special Education  
November 2023

### Directions

Complete a separate narrative report for each rule for which the district is making a claim. Specify whether the fiscal and program information is based on actual or estimated data. Additional pages may be used if necessary. **(Note: Districts making claims under rules 1738, 1740, 1744 and 1749 must complete the classroom schedule page.)**

1. Rule number under which the claim is being made R340.17

Title of the Rule

2. Did your district apply and receive funds for the 1987-1988 school year?

Yes      No

If yes, describe any changes in program, staff, or costs from those approved last year.

3. Describe the program change required by the rule and the action(s) required to implement it that create a “net increase in necessary costs.” If applying for reimbursement under R 340.1745, please include the district’s projected total speech and language caseload for the year of application. Identify if the data on students and personnel is actual or estimated?



## Intermediate School District Review and Verification of a Claim Under Section 51a(6) of the State School Aid Act

**Note:** This section is **only** for intermediate school district (ISD) review of local education agencies (LEA) claims.

### Directions

Review the rule number and claim being made for each rule. After reviewing the data, meet with the local district to determine if all options and alternatives for implementing the revised rules have been considered and that the application is consistent with the “Criteria and Procedures for Reviewing Claims under Section 51a(6) of the State School Aid Act.” Complete a separate page for each rule.

1. This report pertains to (district’s name)  
claim under R 340.17
2. Date received from the local district
3. Was the program in question in full compliance (no deviations, waivers, or violations) for the 1986-1987 school year?      Yes              No

If not, specify the areas of noncompliance and reasons why district received deviations, waivers, or violations. Include the date the district came into full compliance.

4. Based on the data available to the ISD, does the request meet the criteria established under Section 51a(6)?                      Yes                      No

If not, list the criteria that have not been met.

5. Describe specific options reviewed to assure that all “no cost” or “low cost” options have been considered and the proposal is the most cost-effective option.

### Certification

I certify that the ISD have reviewed the local district application and has discussed alternatives and options recommended by the ISD with the local district and that a copy of the completed form has been returned to the local district.

Superintendent or Authorized Official Signature

Date Signed

Contact Person

Phone (include area code)

Email Address

Date Completed