

# LOCAL SCHOOL DISTRICTS' NEEDS ASSESSMENT SURVEY RESPONSE FORM

Please respond to the following Needs Assessment Survey questions to assist the New Jersey Department of Education, Office of Special Education, in determining if the applicant school is needed.

1. Does the attached Comprehensive Program Proposal appear to meet the needs of students that the district anticipates being unable to serve either in district or in other existing public and/or approved private school programs for students with disabilities?

**Yes.** Proceed to questions 2 and 3.  **No.** Please sign certification at bottom of page.

2. Explain why the district anticipates being unable to serve these students in the district or in other existing public or private programs.

3. If the district anticipates a need for placements in the type of program described in the Comprehensive Program Proposal, and is likely to enroll students, please complete the grid below.

Number of Anticipated Placements	Age	Special Class Type	Current Placement	Other Program Options Considered

I certify that I have reviewed the Comprehensive Program Proposal developed by the applicant school, \_\_\_\_\_, and to the best of my present knowledge, the above statements are accurate.

Respondent School District: \_\_\_\_\_

\_\_\_\_\_  
District Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Special Services

\_\_\_\_\_  
Date