

Access to Career Technical Education for Students with a Disability (ACTE-SPED) Request for Approval of Contracted Services

GENERAL INFORMATION: This form is to be completed when funding is being requested for contracted services associated with Access to Secondary Career Technical Education for students with disabilities (ACTE-SPED). ACTE-SPED funding must be associated with a previously state-approved Career Technical Education (CTE) program. Please see instructions on Page 2 for using this form. A separate form is required per each contracted service.

Completed and signed documents should be sent to: April Schnell, Minnesota Department of Education, 1500 Highway 36 West, Roseville, MN 55113-4233 or april.schnell@state.mn.us

This request is submitted for: _____ Pre-Approval of Contracted Services _____ Final Approval of Contracted Services

- **For Pre-Approval**, district must submit a copy a contract, if an outside vendor is to be used, detailing the skills/competencies to be developed in the training, measured in the evaluation or developed in the work-based learning (WBL) opportunity, and a signed copy of "[Using WBL in a State-Approved CTE Program to Meet the Needs of a Student with a Disability](#)".
- **For Final Approval** of Contracted Services, district must submit a signed pre-approval form and a copy of the paid invoice by August 15.

District or Center Name: _____ District Type: _____ District Number: _____

Address (including city and zip code): _____ Program O.E. Code Number (e.g., 000750): _____ Fiscal Year: _____

Name and title of person completing this form: _____ Phone Number: _____ Email Address: _____

Name and address of Contracting Agency: _____

Is the contracting agency a school district? Yes No If yes, please provide the district number: _____

Student Number (Please use only the last six digits of the MARSS student state reporting number for privacy and confidentiality considerations): _____ Grade Level: _____

Select the type of service being provided:

- Evaluation/Assessment Training for CTE Class. Is an evaluation or training report generated? Yes No Teacher of record File Folder Number: _____ Special Permission

Please list the career pathways and tasks/skills/competencies targeted by this service: _____

Is the service being provided by the contractor for a WBL experience/job development? Yes No

If WBL, select the career pathway targeted by this service ([Minnesota Wheel of Careers Fields, Clusters and Pathways](#)):

- Agriculture, Food, and Natural Resources Business, Management, and Administration Communications and Information Systems
 Engineering, Manufacturing, and Technology Health Science Technology Human Services

Please identify which of the following the WBL coordinator has prepared detailing scope and sequence of competencies to be learned: Training Plan Training Agreement

If work experience, please identify the Local Education Agency (LEA) licensed WBL coordinator (160000) who will be supervising the experience on behalf of the school:

LEA WBL Coordinator's Name: _____ Phone number: _____ Email address: _____

Please identify the type of service: 390 UFARS Object Code 393 UFARS Object Code 394 UFARS Object Code

Enter estimated total cost: \$ _____ Actual cost: \$ _____

Pre-Approval of Contracted Services – Signature: I hereby verify that the above information is true and correct to the best of my belief and knowledge. A copy of the contracted services is attached.

Signature of CTE Director or Superintendent

Date

Signature of Special Education Director

Date

Final Approval of Contracted Services – Signature: The information listed on this form and verified on the attached invoices for which funding is being requested has not been funded or paid for by grant award and does not contain any items which were returned for credit or which were canceled following the original order. A copy of the invoice for contracted services is attached.

Signature of CTE Director or Superintendent

Date

Signature of Special Education Director

Date

MDE USE ONLY

PRE-APPROVAL DATE: _____ Pre-Approval Amount: \$ _____

Approved by MDE Program Specialist: _____

MDE USE ONLY

FINAL APPROVAL DATE: _____ Total cost approved: _____

Approved by MDE Program Specialist: _____

Instructions for Using Request Form for Access to Career and Technical Education (ACTE-SPED) Contracted Services Funding

- [Using Work-Based Learning in a State-Approved Career Technical Education Program to Meet the Needs of Students with a Disability Assurance Verification](#) details specific legal requirements and best practices for districts with a state-approved CTE work-experience program that are requesting ACTE-SPED aid, to be signed by the Special Education Director and Work-Based Learning Coordinator and submitted with ACTE-SPED pre-approval form and copies of contracts for services.
- This Access to CTE for Students with a Disability (ACTE-SPED) Contracted Services form will be submitted TWICE; first for pre-approval of contracted services with copies of contracts; and, second, this form will be re-submitted after contracted services have been delivered, with copies of actual paid invoices. Please black out student names on contracts and invoices for data privacy/confidentiality.
- Pre-approval should be requested as soon as possible prior to services being provided. Services for students should not commence until a pre-approval signature has been obtained from the Minnesota Department of Education. A signed copy will be returned to the local education agency (LEA). Contracts must be attached to each Request for Approval. MDE cannot guarantee reimbursement of expenses that have not received a signed pre-approval.
- Use the signed pre-approval copy to submit actual expenditures and actual clock hours at the academic year's end for final approval. The LEA is not eligible for funding if pre-approval has not been granted. The district must submit copies of paid invoices with the final claim for reimbursement of expenditures by August 15.

Contracted career technical education evaluations, training and other services must be specified in the student's course of study (Personal Learning Plan) and transition services in the individual education plan (IEP):

Usage Type:

390 UFARS Object Code: Vocational evaluation services for children with a disability, from another Minnesota school district or cooperative center. ("O")

393 UFARS Object Code: Contracted services in Lieu of Regular Education are provided by public, private or voluntary agencies other than a Minnesota school district or cooperative center, in place of programs provided by the district during regular school hours. ("M")

394 UFARS Object Code: Contracted supplemental services are provided by public, private or voluntary agencies other than a Minnesota school district or cooperative center, that are supplementary to a full educational program provided by the district outside of regular school hours. ("N")

Clock Hours: Enter an estimate of the total clock hours the student is provided with the service(s) for preapproval, and enter actual clock hours at the end of the year for final approval.

Expenditures: Enter the estimated expenditures for pre-approval and the actual expenditures for final approval.

Please match actual expenditure to dollar amount entered on web access system, by last six digits of student's MARSS number and contracting agency name.

Transportation Expenses for students cannot be included in ACTE-SPED expenses

[Minnesota Wheel of Career Fields, Clusters and Pathways](#)

Please mail or submit a scanned version of the application and documents electronically to: April Schnell, Minnesota Department of Education, 1500 Highway 36 West, Roseville, MN 55113 or april.schnell@state.mn.us.

For questions regarding this form, please contact April Schnell at 651-582-8840, april.schnell@state.mn.us