



# Exceptional Student Services

## Emotional Disabilities Public Programs Application

*Instruction Manual*

April 2025



ARIZONA DEPARTMENT OF  
**EDUCATION**

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## Application Process

To be eligible for Emotional Disabilities Public Program (ED-P) approval and funding, the Department requires public ED-P programs to submit a formal application. Applications are reviewed by the Department, and applicants will be notified of their application status in the Special Education Program Approval System (SEPA). ED-P programs that wish to be approved to receive ED-P funding must renew their application every fiscal year.

Applications for the new school year will open in the spring and will be due in mid-June.

All applications must be approved before the first day of services begins to receive ED-P funding.

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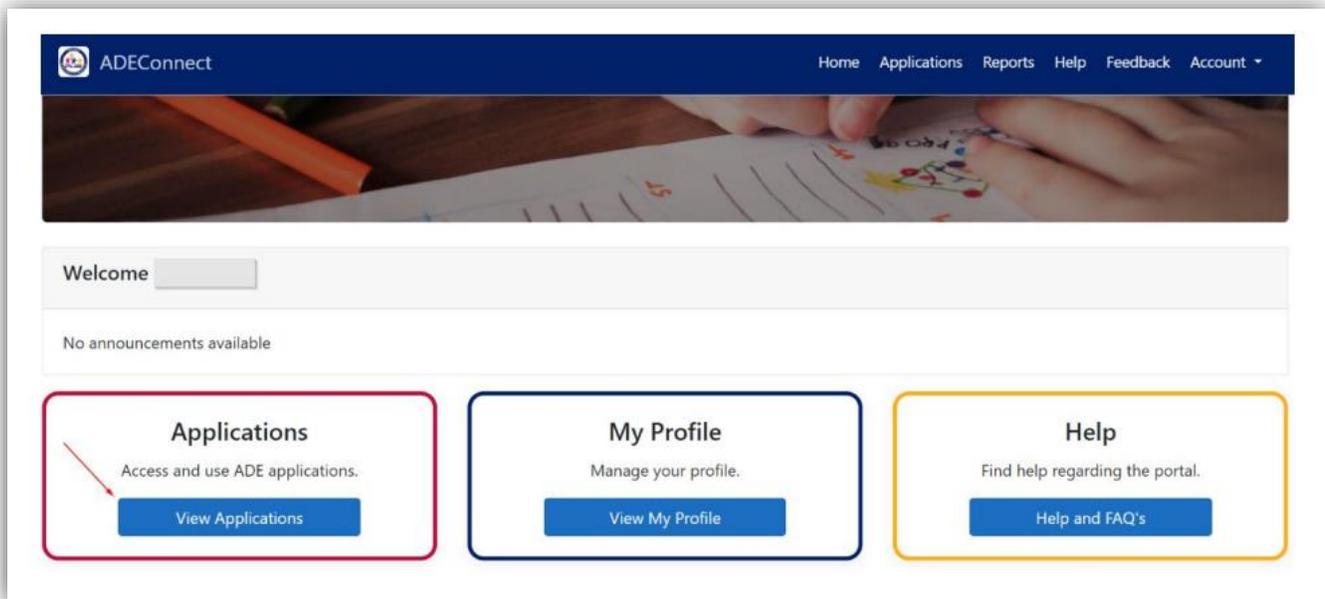
## New Applicant Instructions

If you are interested in starting a new ED-P program, please fill out this [form](#) and one of our Special Education Program Specialists will reach out to you.

### Accessing the Application

Open ADEConnect

Click “View Applications”



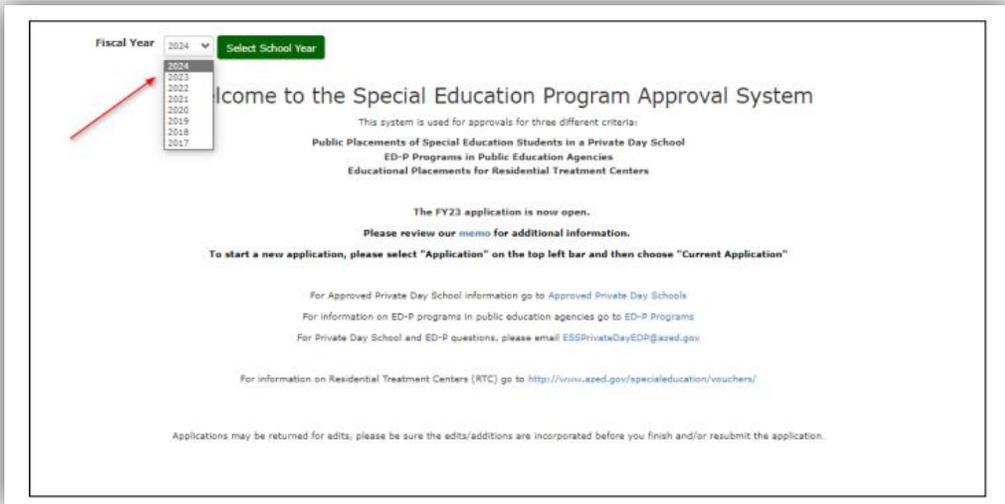
Open the “Exceptional Student Services Portal.” If there is more than one entity, please ensure that you are opening the Exceptional Student Services Portal under the PEA, not the site.



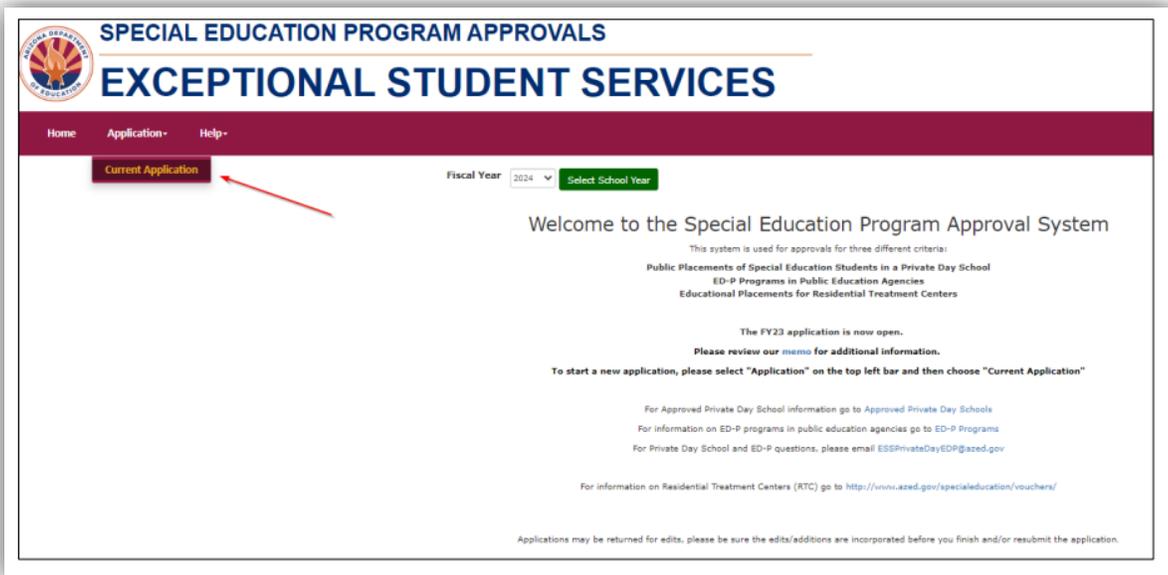
Click “Special Education Program Approvals.” Applicants must have the ESS Special Education Program Approvals – LEA User permission. While this permission does say “LEA User,” it functions under a few different roles. Notify your Entity Administrator if you require access.



Select the current fiscal year from the drop-down menu.



Hover over Application and select Current Application



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## Statement of Assurance

When the application is opened, you will be asked to review and sign the [Statement of Assurance](#) (SOA) confirming that your PEA agrees to adhere to all applicable state and federal statutes, regulations, and policies.

Home Application Help Help Welcome, EDP-Private user!

Statement of Assurance

The applicant assures that special education programs and services approved by the Arizona Department of Education/Exceptional Student Services (ESS) section shall be operated in accordance with all applicable state and federal statutes, regulations, and policies. The applicant further agrees to comply with all provisions of such requirements, regulations, and policies.

The requirements of the Individuals with Disabilities Education Act (IDEA) must be followed in providing a free appropriate public education for the special education students placed in your program.

**The applicant further agrees, per A.R.S. §15-765(D), Special Education in Rehabilitation, Corrective, or Other State and County Supported Institutions, Facilities, or Homes:**

1. To provide a program that is housed in a separate building, separate school, or separate classroom that inconspicuously and physically restricts access to/from the traditional school site.
2. To have no more than a four-year age span per classroom, unless approved by ESS.
3. To have a maximum of 12 students with a teacher and a full-time paraprofessional, with a third staff member available for crisis intervention and behavior management.
4. To provide an ED-certified, Mild/Moderate certified, Moderate/Severe certified, or Cross-Categorical certified teacher with 20 hours of additional professional development in teaching students with emotional disabilities (additional 20 hours only applies to Cross-Categorical certified personnel).
5. To provide paraprofessionals who have had cardiopulmonary resuscitation (CPR) and first aid training in addition to at least ten (10) hours of intensive training in behavior strategies and non-aversive physical management.
6. To provide mental health services that are provided by trained mental health professionals.
7. To develop IEPs with goals to address individual behaviors, exit criteria, and transition plans to promote the return to the least restrictive environment.

The applicant recognizes and agrees that the approval status and financial assistance from public funds will be based on the representations and agreements made in this application. Failure to abide by the program criteria will result in the program's approval status being rescinded and the appropriated funds voided. These assurances are binding on the applicant, and the person whose signature appears below is authorized to sign these statements on behalf of the applicant.

Print

By Checking the box and submitting your signature, you certify that you have read and understand the provisions of this application and potential financial consequences. Your typed title is considered for electronic record with legal effect, validity, enforceability as defined in S2107 of the Government Paperwork Elimination Act.

Title:\*

Next Cancel

Check the box certifying that you have read and understand the SOA and enter your name and title in the text box.

The applicant assures that special education programs and services approved by the Arizona Department of Education/Exceptional Student Services (ESS) section shall be operated in accordance with all applicable state and federal statutes, regulations, and policies. The applicant further agrees to comply with all provisions of such requirements, regulations, and policies.

The requirements of the Individuals with Disabilities Education Act (IDEA) must be followed in providing a free appropriate public education for the special education students placed in your program.

**The applicant further agrees, per A.R.S. §15-765(D), Special Education in Rehabilitation, Corrective, or Other State and County Supported Institutions, Facilities, or Homes:**

1. To provide a program that is housed in a separate building, separate school, or separate classroom that inconspicuously and physically restricts access to/from the traditional school site.
2. To have no more than a four-year age span per classroom, unless approved by ESS.
3. To have a maximum of 12 students with a teacher and a full-time paraprofessional, with a third staff member available for crisis intervention and behavior management.
4. To provide an ED-certified, Mild/Moderate certified, Moderate/Severe certified, or Cross-Categorical certified teacher with 20 hours of additional professional development in teaching students with emotional disabilities (additional 20 hours only applies to Cross-Categorical certified personnel).
5. To provide paraprofessionals who have had cardiopulmonary resuscitation (CPR) and first aid training in addition to at least ten (10) hours of intensive training in behavior strategies and non-aversive physical management.
6. To provide mental health services that are provided by trained mental health professionals.
7. To develop IEPs with goals to address individual behaviors, exit criteria, and transition plans to promote the return to the least restrictive environment.

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By Checking the box and submitting your signature, you certify that you have read and understand the provisions of this application and potential financial consequences. Your typed title is considered for electronic record with legal effect, validity, enforceability as defined in S2107 of the Government Paperwork Elimination Act.

Signature

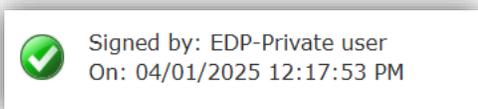
Title:\*

Next Cancel

Are you sure you want to sign as: EDP-Private user

OK Cancel

Once you click on "OK" in the pop-up, you will receive confirmation of your signature.



The SOA may be printed by clicking the green Print button below the SOA.

Applicants signing the [SOA](#) are confirming that the ED-P Program agrees to adhere to all applicable state and federal statutes, regulations, and policies.

An application ID number will be generated after signing the SOA.

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## Point of Contact Information

Provide contact information for the person who oversees the ED-P program.

**Point of Contact Information**

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| <b>Point of Contact First Name:*</b> | <b>Point of Contact Last Name:*</b> |
| <input type="text"/>                 | <input type="text"/>                |
| <b>Title:*</b>                       | <b>Email Address:*</b>              |
| <input type="text"/>                 | <input type="text"/>                |
| <b>Phone:*</b>                       | <b>Fax:</b>                         |
| <input type="text"/>                 | <input type="text"/>                |

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## Public PEA Page

Provide detailed program information.

**How are Students with ED determined to be placed in a more restrictive environment?** Describe the IEP team's process when considering the most intensive SPED program in a public school. \*

Click here to enter text

**What data is used when considering EDP Placement?** What is the timeframe used for data collection before a decision is made to place a student in an EDP? \*

Click here to enter text

**Describe how the EDP Program will fit with in your continuum of service options. Include what other options and interventions are considered for your students with ED before placing in the EDP.** \*

Click here to enter text

**What are the components of your exit criteria?** \*

Click here to enter text

**Do you utilize behavioral plans? If yes, please explain when and how the plan is implemented in the continuum.** \*

Click here to enter text

**Describe the process you will use to ensure that the required IEP components are included, such as:**

Data collection used to justify the placement \*

Progress towards goals \*

Placement changes \*

Exit Criteria \*

ED eligibility \*

**How are ED students determined to be placed in a more restrictive environment?** - Describe the IEP team's process when considering the most intensive special education program in a public school.

**What data is used when considering ED-P placement?** - What is the timeframe used for data collection before a decision is made to place a student in an ED-P?

**Describe how the ED-P program will fit in with your continuum of service options.** - Include what other options and interventions are considered for your ED students before placing them in the ED-P.

**What are the components of your exit criteria?**

**Do you utilize behavioral plans?** - If yes, please explain when and how the plan is implemented in the continuum.

**Describe the process you will use to ensure that the required IEP components are included, such as:**

- Data collection used to justify the placement
- Progress towards goals
- Placement changes
- Exit Criteria
- ED eligibility

**\*Save the information on Section 1 before clicking “Next.”**

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## Teacher and Staff List

Click on “Add Teacher/Staff”

| Teacher/Staff ID                                 | EducatorID | Teacher Name | Role Type | FCC ID | FCC Status |
|--|------------|--------------|-----------|--------|------------|
| No teachers or staff found for this application. |            |              |           |        |            |
| 0  |            |              |           |        |            |

Showing 1 to 1 of 1 entries

Back Next Cancel Print

Please provide the following information for each individual:

ESS EDP and Private School Approval  
School Year 2026

Teacher / Staff Details

Educator ID:

Click here to enter text

Fingerprint Card Number (FCCID):

Click here to enter text

First Name:\*

Click here to enter text

Last Name:\*

Click here to enter text

Role:\*

Classroom Teacher

Paraprofessional

Other staff type (SLP/SLPA, OT, Mental Health Professional, etc.)

Save

Done

Cancel

Print

## Teacher/Staff Details

**Educator ID** (must be provided for everyone except paraprofessionals)

- The Educator ID is the 7-digit number tied to certifications and endorsements with the Arizona Department of Education. This number allows ADE to determine the service categories (i.e., special education labels) under which a school is eligible to provide services. The application will automatically obtain data from the certification database. If you do not have this information, it can be obtained through the [Public Educator Lookup website](#).
- Speech-Language Pathologist must hold a Speech-Language Pathologist, Prekindergarten12 certificate
- Include Related Service Provider licenses

## Fingerprint Clearance Cards

- All teachers and individuals who work in the classroom are required to have an Identity Verified Prints (IVP) fingerprint clearance card per Arizona Revised Statute 15-106. A fingerprint clearance card number is required for all staff who will interact with publicly placed students. **There are no exceptions to this requirement.**
- Names must be exactly as shown on the card, as the application will obtain this data from the DPS database and will not be able to obtain the information if the name is not exactly as it appears on the card.

## First and Last Name

### Role

- If "Other staff type," please specify that individual's role.

Enter training courses and hours and click “Add” (if applicable).

- Include training in behavior strategies (for cross-categorical teachers teaching in an ED-P setting who have not yet fulfilled the 20-hour requirement). Additional training courses will populate below.

| Course Name   | Training Hours                          | Add                                |
|---|---|------------------------------------|
| <input type="text" value="Click here to enter text"/> | <input type="text" value="Click here"/> | <input type="button" value="Add"/> |

| Delete | Course Name | Training Hours |
|--------|-------------|----------------|
|--------|-------------|----------------|

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## Paraprofessionals

Paraprofessionals must have cardiopulmonary resuscitation (CPR) and first aid training in addition to at least ten (10) hours of intensive training in behavior strategies: non-aversive physical management.

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## Site Questions

### Site Details

Enter the school name, program name, address, phone, and site contact information.

Application for 2025 - 2026 ED-P Program Approval

Site / School Details

|                      |   |
|----------------------|---|
| Site/School Name:*   | Program Name:   |
| <input type="text"/> | <input type="text" value="Click here to enter text"/> |
| Street Address:*     | City:*  |
| <input type="text"/> | <input type="text"/>                                  |
| Zip Code:*           | Site Contact Person:*                                 |
| <input type="text"/> | <input type="text"/>                                  |
| Site Contact Phone:* | Email Address:*                                       |
| <input type="text"/> | <input type="text"/>                                  |

## Classrooms

Enter the number of classrooms serving students with ED eligibility at the site.

Click “Add” to enter the classroom and age range for each classroom serving publicly placed students with disabilities. Information will populate on the right.

How many classrooms are facilitated at this location?\*

What are the age ranges of each classroom? \*

**Add Classroom and Age Range**

| Classroom   | Age Range                               | Add                                | Classroom                | Age Range |
|---|---|------------------------------------|--------------------------|-----------|
| <input type="text" value="Click here to enter text"/> | <input type="text" value="Click here"/> | <input type="button" value="Add"/> | No classrooms available. |           |

Unless approved by ESS due to extraneous circumstances, there should be no more than a four-year age span in each classroom [ARS 15-765](#).

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## Emotional Disabilities Program Separation

Choose the description of each site as it relates to meeting the needs of students in the ED-P program.

If “The site is only for students with ED” is chosen, no further questions will be asked.

**Describe how your students with ED eligibility are separated from general education and other special education eligibility categories:**

**Entity Site: (select one)\***

The site is only for students with ED

The site is only for students with special education needs

The site enrolls general education students and students with special education needs

If either of the other two options are chosen, further description of the ED-P site will be required.

**Describe how your students with ED eligibility are separated from general education and other special education eligibility categories:**

**Entity Site: (select one)\***

- The site is only for students with ED
- The site is only for students with special education needs
- The site enrolls general education students and students with special education needs

**Location of EDP:\***

- A separate building
- A wing
- An area or classroom \*

**Describe how your students with ED eligibility are separated from general education and other special education eligibility categories:**

**Entity Site: (select one)\***

- The site is only for students with ED
- The site is only for students with special education needs
- The site enrolls general education students and students with special education needs

**Location of EDP:\***

- A separate building
- A wing
- An area or classroom \*

If “An area or classroom” is chosen, please indicate which classroom serves students in the ED-P program.

**Describe how your students with ED eligibility are separated from general education and other special education eligibility categories:**

**Entity Site: (select one)\***

- The site is only for students with ED
- The site is only for students with special education needs
- The site enrolls general education students and students with special education needs

**Location of EDP:\***

- A separate building
- A wing
- An area or classroom \*

Please further describe the ED-P program in detail:

|  |                          |
|--|--------------------------|
| How are students with ED supervised when needing to transition to other areas of the campus? *                                   | Click here to enter text |
| Describe what your seclusion room or area looks like at this site? *   | Click here to enter text |
| What counseling and mental health services are provided for students with ED at this site? *                                     | Click here to enter text |
| Describe how a student from this site transitions back to their least restrictive environment. Describe levels of supervision. * | Click here to enter text |
| How many students per year successfully transition to a less restrictive environment? *  | Click here to enter text |
| Please provide the name and contact information for the ED-P program? *  | Click here to enter text |

**How are students with ED supervised when needing to transition to other areas of campus? -**

Are the students escorted by staff? Do they have the opportunity for independent movement around the campus? How are they supervised when in areas with students outside of the ED-P program?

**Describe what your seclusion room or area looks like at this site. -** Where is this area located on the site? How are students supervised in this area? Describe the physical space. [A.R.S. 15-105](#)

**What counseling and mental health services are provided for students with ED at this site? -** Are services provided individually, in groups, or both? Who provides these services and how often?

- Counseling or mental health services must be provided to all students eligible for ED-P and any student requiring counseling as determined by the IEP team.
- Services may be provided by an on-site provider, district provider, or provider contracted through a third party.

**Describe how a student from this site transitions back to their least restrictive environment.**

**Describe the levels of supervision. -** What is the process for a student to reintegrate back to their least restrictive environment? Describe the steps, and how students are supported until full reintegration is completed.

**How many students per year successfully transition to a less restrictive environment? -** Please indicate full- and part-reintegration.

**Please provide the name and contact information for the ED-P program. -** Who is the contact at this site?

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## Grades Served (Check all that apply)

**Select all grades at this site (Check all that apply. Check at least one.)\***

[Select All](#) [Clear All](#)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Preschool         | <input checked="" type="checkbox"/> Kindergarten |   |
| <input checked="" type="checkbox"/> First  | <input checked="" type="checkbox"/> Second       | <input checked="" type="checkbox"/> Third |
| <input checked="" type="checkbox"/> Fourth | <input checked="" type="checkbox"/> Fifth        | <input type="checkbox"/> Sixth            |
| <input type="checkbox"/> Seventh           | <input type="checkbox"/> Eighth                  | <input type="checkbox"/> Ninth            |
| <input type="checkbox"/> Tenth             | <input type="checkbox"/> Eleventh                | <input type="checkbox"/> Twelfth          |
| <input type="checkbox"/> K-8               | <input type="checkbox"/> K-12                    | <input type="checkbox"/> 9-12             |

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## Site Staff

Please select all teachers, paraprofessionals, and related service providers who will be providing services to students in the ED-P program.

Teachers and paraprofessionals may only be assigned to one site.

Select all teachers and staff to serve at this site\*

| Selected? ▲                         | Teacher ID ▲ | Educator ID ▲ | Name ▲     |
|-------------------------------------|--------------|---------------|------------|
| Deleted                             |              |               |            |
| Deleted                             | 40834        | 0             | test, test |
| <input type="checkbox"/>            |              |               |            |
| <input type="checkbox"/>            |              |               |            |
| <input type="checkbox"/>            |              |               |            |
| <input checked="" type="checkbox"/> |              |               |            |
| <input checked="" type="checkbox"/> |              |               |            |
| <input checked="" type="checkbox"/> |              |               |            |
| <input type="checkbox"/>            |              |               |            |
| <input checked="" type="checkbox"/> |              |               |            |
| <input type="checkbox"/>            |              |               |            |
| <input type="checkbox"/>            |              |               |            |
| <input type="checkbox"/>            |              |               |            |

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### Application Submission Status

The application status is shown in Section 1 of the application.

**Special Education Program Approvals for School Year 2025-2026**  
 Application Status: Draft ←  
 Application ID: 1024

| Application Status | Description  |
|--------------------|--|
| Draft              | The application is in the process of being completed. If the application requires edits/additions after it is submitted, you will receive a notification email with the required revisions. The application will be sent back to "Draft" status. |

|                           |   |
|---------------------------|---|
| Submitted                 | Once you have reviewed the application, you will click “Submit” on the Site List page of the application. You will receive an email notification stating that the application has been submitted.   |
| Pending ADE Review        | The application status will change from “Submitted” to “Pending ADE Review” when the Special Education Program Specialist has begun the review process.   |
| Approved                  | The application has been approved for all sites.  |
| Approved with Contingency | This status allows individual sites to be approved while working on meeting requirements for other sites.   |
| Not Approved              | Requirements have not been met. The ED-P program is not approved to receive ED-P funding. <b>If you wish to reapply, you will be required to begin the application process again to be reconsidered for ED-P funding.</b>                                   |
| History                   | You may make edits to approved applications throughout the school year. When a new draft of an application is approved, the old draft will be saved in your applications portal, and the status will change to “History.” A new application will be opened. |
| Expired                   | When an unapproved application remains idle for 30 days, the application status will change to “Expired.” You may reach out to the Special Education Program Specialist to reset an expired application.  |

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## Approval

SEPA will only allow the application to be submitted for review when all required information has been completed. If the application is incomplete, the site will be highlighted in red, and you will be prompted to return to the application to input any missing information.

Communication regarding the application status will be via email notifications through SEPA and [ESSPrivateDayEDP@azed.gov](mailto:ESSPrivateDayEDP@azed.gov). Applications will be reviewed in 3-5 business days, and approval status or request for additional information will be communicated through SEPA notifications and/or emails from your assigned Special Education Program Specialist.

Once the application is approved, you will receive an automated notification stating your application has been approved with the approved site name(s) and grade levels.

If the application is Approved with Contingencies, you will receive an automated notification indicating the deficiencies. Once these deficiencies are corrected for each site, the application will be approved.

The ED-P sites and details will be added to the list of Approved ED-P Programs.

ED-P programs located at a separate location with a separate address must have an Entity ID and CTDS number. Contact the [School Finance inbox](#) for more information.

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## Revising the Application

### Mid-Year Renewal

Exceptional Student Services requires PEAs to submit a mid-year renewal for ED-P programs. A notification will appear as a reminder to complete the renewal.

To complete the mid-year renewal, login to the SEPA Portal and review the current application. In the home page, if there are changes in point of contact, staff, location, number of classrooms, or grades served, select “YES”. Then, make the necessary changes to the application and resubmit. If there are no changes, select “NO” to confirm that the application information is current and accurately reflects the ED-P program.

Mid-year renewals will be due in mid-January.

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### Updates

ED-P programs must notify ADE and update their application within 10 days of the following:

- Change in staffing – adding, deleting, or changing location of teachers, paraprofessionals, or mental health providers
- Change in Point of Contact
- Change in number of classrooms serving students in the ED-P program.

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## Important Dates

|             |                              |
|-------------|------------------------------|
| Early May   | Annual Application Opens     |
| June 13     | Application Closes           |
| July 1      | Approved ED-P List Available |
| Mid-January | Mid-Year Renewal Due         |

**Note:** All applications must be approved before the first day of services begins to receive ED-P funding. Students may continue to be reported as ED until the application is finalized. The PEA will receive data integrity errors if ED-P is reported before approval. Service start dates will not be backdated by ESS in the event the application is submitted after the first day of school.

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