

## 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: [mde.cte@state.mn.us](mailto:mde.cte@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](#)):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Agriculture, Food, and Natural Resources   | <input type="checkbox"/> Business, Management, and Administration | <input type="checkbox"/> Communications and Information Systems |
| <input type="checkbox"/> Engineering, Manufacturing, and Technology | <input type="checkbox"/> Health Science Technology                | <input type="checkbox"/> 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 submit a scanned version of the application and documents electronically to: [mde.cte@state.mn.us](mailto:mde.cte@state.mn.us).

For questions regarding this form, please contact the MDE Work-based Learning Specialist at 651-582-8840.