

REGIONS 1 & 2 DIRECTORS ASSOCIATION

Region 1 & 2

Area Special Education Cooperative
Bemidji Public Schools
Bemidji Regional Interdistrict Council
Crookston Public Schools
Northwest Regional Interdistrict Council

Bemidji Regional Interdistrict Council
PO Box 974
Bemidji, MN 56619
Phone 218-751-6622
FAX Number 218-751-6625
Regional Low Incidence Facilitator: Nicole Eck

Park Rapids Akeley Walker Nevis
Red Lake Public Schools
Roseau Public Schools
Thief River Falls Public Schools
Warroad Public Schools

Tuition Reimbursement Program

Region 1 & 2 Low Incidence Project has funds available to support students pursuing special education licensure in a variety of special education areas during the 2020-2021 school year. This initiative is made possible with a grant from the Minnesota Department of Education using federal funding, CFDA 84.027A, Special Education – Grants

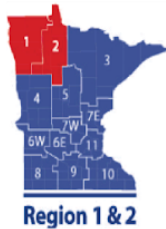
Intent of Tuition Support

The intent of this tuition support program is to increase the number of available teachers licensed or certified in:

- | | |
|---|--|
| *Academic and Behavior Strategist (ABS) | *Emotional Behavior Disorder |
| *Autism | *School Psychologist |
| **Blind/Visually Impaired | *Sign Language Interpreter |
| *Deaf/Hard-of-Hearing | *Specific Learning Disability |
| *Developmental Adapted Physical Education | *Speech/Language Pathologist |
| *Developmental Cognitive Disabilities | *Speech/Language Pathologist Assistant |
| *Early Childhood Special Education | **Physical/Health Disabilities |

** Additional tuition support may be available for certain programs, licenses, and certifications in Regions 1 & 2. Please contact Nicole Eck, Regional Low Incidence Facilitator for more information.

The expectation is that teachers who benefit from this tuition support would then pursue licensure upon completion of course requirements, and actively pursue and/or be available for employment in this capacity.



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If a student receives monetary support from Region 1 & 2 Low Incidence Project the teacher is expected to teach in a school district located in Region 1 & 2 (see attached list of schools) for a minimum period of **5** years. In the event the teacher voluntarily leaves the region within the 5-year period, the teacher will be required to reimburse the region within one year of resignation or within one year of notifying administrators he/she does not plan to work in Region 1 & 2 under the following formula:

- 1 year of completed service reimburses 80% of tuition
- 2 years of completed service reimburses 60% of tuition
- 3 years of completed service reimburses 40% of tuition
- 4 years of completed service reimburses 20% of tuition
- 5 years of completed service - no reimbursement

To apply for Tuition Reimbursement, the Initial Application Process or Process for Annual Support (depending on your situation), must be received according to the deadline dates indicated below. Failure to meet submission deadlines will result in denial of Tuition Reimbursement.

Window and Deadline for submitting the application:

May 1 - June 15, 2020

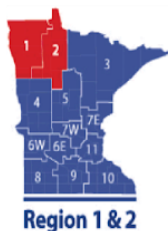
Deadline - June 15, 2020

Notification of admittance into the Tuition Reimbursement Program sent out by - 6/30/20

September 15 - October 10, 2020

Deadline - October 10, 2020

Notification of admittance into the Tuition Reimbursement Program sent out by - 10/30/20



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Applicant Requirements

The number of students selected for support will depend upon the number of qualified applicants for any given year. Applicants must be either currently in college seeking one of the aforementioned special education licenses, or currently employed as a teacher in Region 1 & 2, and plan on teaching in Region 1 & 2. Participants must be enrolled in an approved University program that provides coursework towards licensure. The minimum amount of the award is \$200 per graduate credit (undergraduate \$120). For some licensure areas the tuition support will be more (based on the need of a specific licensure by a Region 1 & 2 School). Only courses needed for licensure will be eligible for reimbursement (any other courses taken to obtain a Masters Degree will be the financial responsibility of the student).

Deadline for submitting the grade reports and proof of payment:

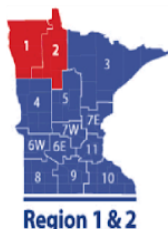
September 15th, 2020 - for Summer 2020 Courses

February 1st, 2021 – for Fall Semester 2020 Courses

June 15th, 2021 - for Spring Semester 2021

**** Exceptions may be made upon prior approval.**

*Awards will be granted upon completion of the course(s) following submission of proof of enrollment and program of study, as well as required documentation indicating course completion and receipt of paid tuition following the above deadlines. Applicants must receive a grade of B or higher to be eligible for reimbursement. **Submissions received after that date will not be processed.** Those who were previously accepted and have not submitted grades for reimbursement will not be given priority for the upcoming application process if they chose to reapply.*



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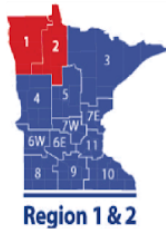
Initial Application Process

Applicants must complete the following requirements in order to be considered for the program. A completed application packet consists of:

1. A **cover letter** to the application presenting the reasons why you would be a good candidate for support as you pursue licensure. This includes a brief description of your experiences with students and others with disabilities and the need for a person with this license in your school district. The letter should be a minimum of one page in length, double spaced, 12 point font size, and Times New Roman font.
2. One **letter of reference** addressing your skills or potential for working as a teacher of students in Minnesota who have a disability. This reference should be written by an educational administrator (e.g., special education director, supervisor, principal, Regional Low Incidence Facilitator, or other administrator).
3. A completed **application form** filling out all required information.
4. A completed **projected yearly progress** page. This will show projected class(es) you will take and at what time along with the number of credits.
5. A completed **support signatures form**. Applicants must have all 3 signatures prior to submission from the appropriate individuals.
6. An **approved plan of course study** from the Education Institution the applicant will be attending. Please include both course name and number.
7. Must be submitted electronically or by mail *June 15th, 2020* to be considered for the Tuition Reimbursement Program.
8. Send completed application packet electronically to neck@bric.k12.mn.us or by mail:

Nicole Eck
Region 1 & 2 Low Incidence Facilitator
BRIC
PO Box 974
Bemidji, MN 56619

Applications will receive priority consideration based on the date of receipt for the given year, as well as geographical representation and other identified criteria outlined below.



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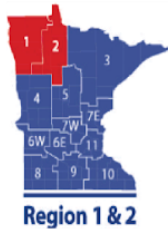
Process for Annual Update

In order to continue to receive annual support the following steps NEED to be completed school each year.

1. A completed **projected yearly progress** page. This outlines your current job status, educational institution, projected coursework for the year, number of credits, and anticipated completion of the program.
2. A completed **support signatures form**. Applicants must have all 3 signatures prior to submission from the appropriate individuals.
3. An updated **approved plan of course study** from the Education Institution the applicant will be attending. Please include both course name and number.
4. Must be submitted electronically or by mail *June 15th, 2020* to be considered for the Tuition Reimbursement Program.
5. Send completed application packet electronically to neck@bric.k12.mn.us or by mail:

Nicole Eck
Region 1 & 2 Low Incidence Facilitator
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Initial Application Form

Applicant Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

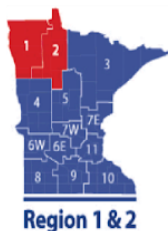
Licensure Pursuing: _____ Estimated Completion Date: _____

Educational Background

Undergraduate degree or coursework (institution, major, year, etc.):

Graduate degree or coursework:

Addition training or coursework that would be relevant to working with students with disabilities:



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Projected Yearly Progress

Applicant Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Estimated Completion Date: _____

Education Institution: _____

Anticipated Degree (s): _____

Current District: _____ Previous District: _____

Coursework you are planning to take during the 20____-20____ school year:

Summer 20____

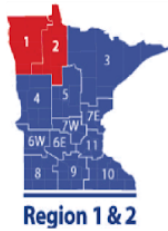
Course Number	Course Name	Credits

Fall 20____

Course Number	Course Name	Credits

Spring 20____

Course Number	Course Name	Credits



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Support Signatures Form

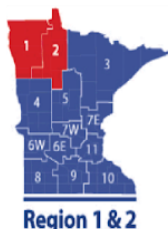
(All signatures are required for initial and continued annual support)

Building Supervisor Printed Name:	Building Supervisor Signature:	Date:

I support this applicant receiving tuition reimbursement as our school would benefit from their participation in a special education program ☐ yes ☐ no and why _____

Special Education Director Printed Name:	Special Education Director Signature:	Date:

I support this applicant receiving tuition reimbursement as our school would benefit from their participation in a special education program ☐ yes ☐ no and why _____



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My signature below indicates that I am applying for coursework tuition support from Region 1&2 Low Incidence Project, *and* that:

I understand the tuition reimbursement process and requirements; I acknowledge that the purpose of this program is to prepare teachers of students with disabilities to teach in Minnesota schools, and tuition reimbursement is for those who will be teaching in Minnesota. The project will *not* reimburse tuition if I teach in another state during the time of tuition support; and the intent of this tuition support program is to increase the number of available teachers licensed in special education throughout Regions 1 & 2. The expectation is that, as a beneficiary of this tuition support, I would then pursue licensure in the area of study upon completion of course requirements, and/or be available for employment in this capacity. I understand that I will be responsible to pay back a percentage of my tuition if I do not work within Regions 1 & 2 in the 5 years following completion. I understand my previous district may be contacted to provide information about my job performance.

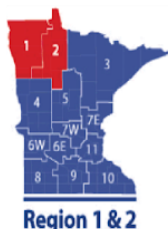
Are you currently receiving any tuition support, i.e. from your school district, MN Low Incidence Project or any other source? ☐ yes, if checked enter the source and the amount below:

_____ (source)

_____ (amount)

☐ no, by checking this box and signing below I declare under the penalties of perjury that I am not currently receiving any other tuition support or payments for the classes listed in my program of study in this application.

Applicant Printed Name:	Applicant Signature:	Date:



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Tuition Reimbursement Program Service Agreement

In accordance with the terms and conditions of the Regions 1 & 2 Tuition Reimbursement Program, the applicant agrees to work for a school in Regions 1 & 2 for a minimum of 5 years. In the event the teacher voluntarily leaves the regions within the 5 year period, the teacher will be **required to reimburse the regions following the formula listed below**. Have your building administrator or special education director sign off after each year of service. Once the 5 year period is complete, send the completed form to the Regional Low Incidence Facilitator.

Year 1 of Completed Service - Reimburses 80% of Tuition

Building Administrator or Special Education Director Printed Name:	Building Administrator or Special Education Director Signature:	Date:

Year 2 of Completed Service - Reimburses 60% of Tuition

Building Administrator or Special Education Director Printed Name:	Building Administrator or Special Education Director Signature:	Date:

Year 3 of Completed Service - Reimburses 40% of Tuition

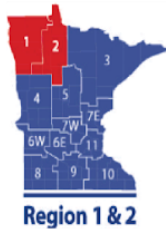
Building Administrator or Special Education Director Printed Name:	Building Administrator or Special Education Director Signature:	Date:

Year 4 of Completed Service - Reimburses 20% of Tuition

Building Administrator or Special Education Director Printed Name:	Building Administrator or Special Education Director Signature:	Date:

Year 5 of Completed Service - No Reimbursement

Building Administrator or Special Education Director Printed Name:	Building Administrator or Special Education Director Signature:	Date:

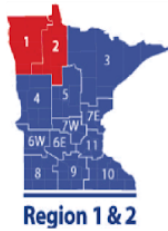


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School Districts Located in Regions 1 & 2

Ada-Borup ISD #2854 (ASEC)	Badger ISD #676 (NWRIC)	Bagley ISD#162 (BRIC)	Bemidji ISD#31
Blackduck ISD#32 (BRIC)	Cass Lake-Bena ISD#115 (BRIC)	Clearbrook-Gonvick ISD#2311 (BRIC)	Climax-Shelly ISD#592 (ASEC)
Crookston ISD#593	East Grand Forks ISD#595 (ASEC)	Fertile-Beltrami ISD#599 (ASEC)	Fisher ISD#600 (ASEC)
Fosston ISD#601 (ASEC)	Goodridge #561 (NWRIC)	Greenbush-Middle River ISD#2683 (NWRIC)	Grygla ISD#447 (NWRIC)
Kelliher ISD#36 (BRIC)	Kittson Central (Hallock/Kennedy) ISD# 2171 (NWRIC)	Lake of the Woods ISD#390 (BRIC)	Lancaster ISD#358 (NWRIC)
Laporte ISD#306 (BRIC)	Littlefork ISD#362 (BRIC)	Mahnomen ISD#432 (BRIC)	Marshall County Central (Newfolden/Viking) ISD#441 (NWRIC)
Naytahwaush Community School	Nevis ISD#308 (PAWN)	Norman County West ISD#2527 (ASEC)	Park Rapids ISD309 (PAWN)
Pine Point ISD#25 (PAWN)	Red Lake County Central ISD#2906 (ASEC)	Red Lake ISD#38	Red Lake Falls ISD#630 (ASEC)
Roseau ISD#682	S.Koochiching (Northome & Indus) ISD#363	Stephen Argyle Central ISD#2856 (ASEC)	Thief River Falls ISD#564



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	(BRIC)		
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Tri-County (Karlstad) ISD#2358 (NWRIC)	Walker-Hackensack- Akeley ISD#113 (PAWN)	Warren-Alvarado-Oslo ISD#2176 (ASEC)	Warroad ISD#690
Waubun ISD#435 (BRIC)	Win-E-Mac ISD#2609 (ASEC)		