

Applying for Service Agency Approval

1. Go to this link: Service Agency:
http://csp.education.ne.gov/Special_Education_Main.aspx
2. Click on Enter Application. Then click on Notify NDE in the upper left portion to request user information.
3. NDE will then send you log in information and an NDE Code. Save this information for future use. Again you will go to the service agency link and click on enter application. Note there are help guides on this screen. As a returning user, you will log in on the lower left corner of the screen as a service provider.
4. There are several sections you will fill in:
 - If your agency has no certified staff, you may skip both the Staff and Staff Certificates sections. You will list them on the Cooperative Agreement Form described below.
 - Go to the Agency Certificates to fill in safety inspections, such as certificate from Fire Marshall.
 - In the Spl. Education Services, there is a drop down menu to select the 8001 Para Professional service code. Then click on select this service and it will appear below.
 - When finished, click on Notify NDE.

Cooperative Agreement Form

NDE has created a cooperative agreement form for contracting agencies working with districts to provide certified special education teachers to serve as a para professional's supervisor.

The contracting agency must ensure the form is properly filled out and submit it by email to NDE.ServiceAgency@Nebraska.gov as part of the application process. More than one form may be necessary depending upon the number of districts and special education teachers involved.

Questions may be directed to:

- Suzie.Pierce@nebraska.gov, 402-471-4333
- Alice.senseney@nebraska.gov, 402-471-2775

For contracted para-professional services provided at a location other than the school district campus, the service provider agency must work cooperatively with the school district. Based on each student's IEP, each agency site location is required to document the appropriate district staff assigned to supervise the contracted paraprofessional.

On-site supervision must occur not less than weekly and be documented through time and effort logs maintained by the district.

Please complete the following form to identify locations and supervising educators for the paraprofessionals of the service agency. A copy is required for each separate location where paraprofessionals are being utilized is required and for each instructor supervising paraprofessionals.

Please email completed forms to: NDE.ServiceAgency@Nebraska.gov

Your application will not be considered for approval until documentation is received and is complete.

SERVICE PROVIDER PARAPROFESSIONAL COOPERATIVE AGREEMENT

Service Provider Agency _____

Service Provider NDE Code 95-_____ Application # _____

School District _____

PLEASE PROVIDE THE LOCATION WHERE THE PARA-PROFESSIONAL WILL BE PROVIDING SERVICES:

Location # _____

PLEASE PROVIDE THE NAMES OF CERTIFICATED TEACHER WHO WILL BE SUPERVISING THE PARAPROFESSIONAL(S):

Certificated Teacher	Endorsement	Certification #	Exp Date

Para-professional assigned to the Teacher listed above and the number of students the paraprofessional is assigned to support.

	Name of Para-professional	# of students	Hours of support monthly
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

The current service provider rate is reimbursed by the State of Nebraska Department of Education at a rate no greater than \$16.00 per hour per para-professional. Reimbursement is based on the number of hours worked, not the number of students served.

Signature of Service Provider Representative _____

Signature of School District Representative _____

Please email completed forms to: NDE.ServiceAgency@Nebraska.gov