



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

Rules and Regulations Filing Form

1. Agency Name and Address

Education, Board of Regents for Elementary and Secondary

255 Westminster Street

2. Title of Rule

Regulations Governing the Education of Children with Disabilities

3. Statutory Source of Authority

R.I.G.L. 16-24-2

4. Concise Explanatory Statement - §42-35-2.3

When the 2010 Regulations (ERLID:6121) were filed there was a clerical oversight on the Title of the Regulation - It should read - Regulations Governing the Education of Children with Disabilities.

5. Type of Filing

Emergency Rules	
<p>A1. Emergency 120-day initial - §42-35-3(b)</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment of ERLID:</p> <p>" <input type="checkbox"/> Repeal of ERLID:</p> <p>Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):</p>	<p>A2. Emergency 90-day renewal - §42-35-3(b)</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment</p> <p>Indicate ERLID of 120-day initial:</p>

Final Rules			
<p><input type="checkbox"/> B1. Amendment</p> <p>Supersedes ERLID: 6121</p>	<p><input type="checkbox"/> B2. Adoption</p> <p>Repeals ERLID:</p>	<p><input type="checkbox"/> B3. Repeal</p> <p>Expires ERLID:</p>	<p><input checked="" type="checkbox"/> C. Technical Revision</p>
<p>If B1 or C, please indicate new, amended, deleted, or revised sections: Title Change - It should read: Regulations Governing the Education of Children with Disabilities.</p>			

6. Notice and Hearing Information

Date of Public Notice - §42-35-3(a)(1): Notice Not Required
 Date of Public Hearing - §42-35-3(a)(2): Hearing Not Required
 End of Comment Period:

7. Agency Additional Information - Web Page

http://

8. Certification

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

 Name

 Title

 Notary Public
 Subscribed and sworn before me
 this _____ day of _____, _____