



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**

Board of Regents Regulations Governing Virtual Learning Education in Rhode Island

**3. Statutory Source of Authority**

Title 16-60-4

**4. Concise Explanatory Statement - §42-35-2.6**

The purpose of this regulation is to ensure that all students have access to high-quality online learning opportunities, to foster the development and implementation of a wide array of customized learning opportunities and interventions for students, to provide reliable access to the Internet and to the technology tools that students will need to participate in virtual learning, and to coordinate PK-12 policies and initiatives on virtual learning with the policies and initiatives in institutions of higher education and with work of other agencies.

**5. Type of Filing**

**Emergency Rules**

A1. Emergency 120-day initial - §42-35-2.10

- Adoption  
 Amendment of ERLID:  
 Repeal of ERLID:

A2. Emergency 60-day renewal - §42-35-2.10

- Adoption  
 Amendment  
 Repeal  
 Indicate ERLID of 120-day initial:

Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:

**Final Rules**

B1. Amendment - §42-35-3(a)

B2. Adoption - §42-35-3(a)

B3. Repeal - §42-35-3(a)

C. Technical Revision

D. Direct Final Rule - §42-35-2.11

If B1 or C, please indicate new, amended, deleted, or revised sections:

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-2.8:05/04/2012

Date of Public Hearing - §42-35-2.8:Hearing Not Required

End of Comment Period - §42-35-2.8 :06/08/2012

**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

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Title

Subscribed and sworn before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_