Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Department of Education	James Mason	601-359-3052	
ADDRESS P.O. Box 771	CITY Jackson	STATE MS	ZIP 39205
EMAIL osa@mde.k12.ms.us	SUBMIT DATE 5-31-11	Name or number of rule(s): Testing Students with Disabilities Regulations	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The *Testing Students with Disabilities Regulations* is updated to comply with the *Individuals with Disabilities Education Improvement Act of 2004* (IDEA 2004), ~~and the~~ *No Child Left Behind Act of 2001* (NCLB).

Specific legal authority authorizing the promulgation of rule: Individuals with Disabilities Education Improvement Act and No Child Left Behind

List all rules repealed, amended, or suspended by the proposed rule: NA

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☐ X Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☐ X Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____days Effective date: _____Immediately on _____Other (specify): _____	**Action proposed:** _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference **Proposed date of adoption:** _____ 30 days after filing _____ Other (specify): _____	**Action taken:** _____ Adopted with no changes in text X Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed **Effective date:** X 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: James H. Mason – Director of Student Assessment

Signature of person authorized to file rules: *James H. Mason*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED MAY 3 1 2011 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filing by CB17800E

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.