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Education

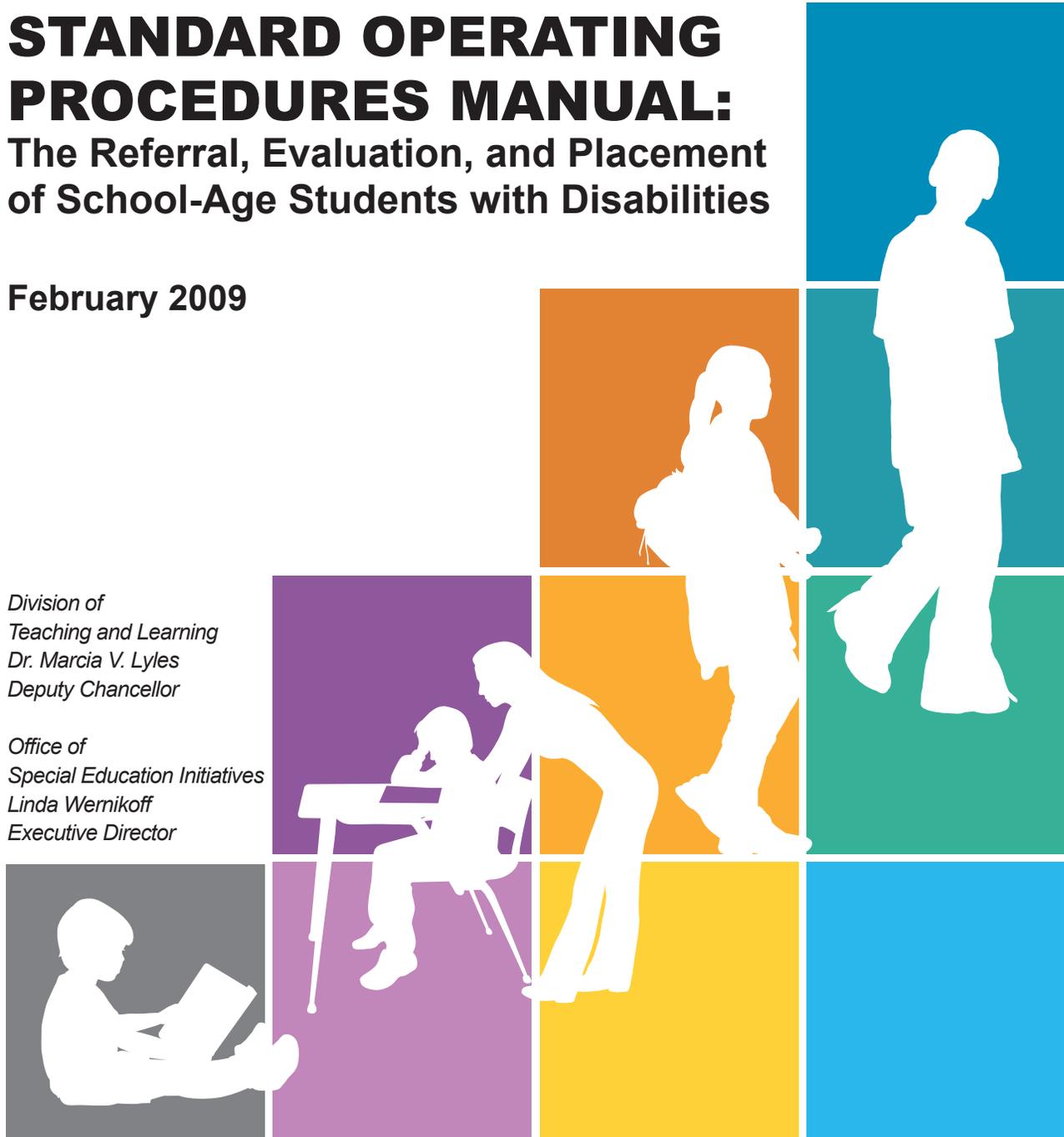
# STANDARD OPERATING PROCEDURES MANUAL:

The Referral, Evaluation, and Placement  
of School-Age Students with Disabilities

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## **LIMITATIONS ON USE OF THIS SOPM AND DISCLAIMER**

**The purpose of this Standard Operating Procedures Manual is to provide support and guidance to the management and staff of the New York City Department of Education. Nothing in this manual is intended to create nor does it create any enforceable rights, remedies, entitlements or obligations. The Department reserves its right to change or suspend any or all parts of this manual.**

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# INTRODUCTION: USING THIS MANUAL

This document was a project of the Office of Special Education Initiatives, Linda Wernikoff, Executive Director, and made possible by the dedicated people who believe in the abilities of all children and the important role the New York City Department of Education plays in helping students reach their potential.

This document serves as a comprehensive guide to the referral, evaluation, and placement processes for school-age students suspected of having a disability and those who are already identified. A companion document entitled “Practitioner’s Guide with Primary Emphasis on Assessing Achievement as Part of the Special Education Evaluation” is available online. The Practitioner’s Guide is meant for staff involved in the assessment process such as school psychologists, school social workers, speech and language evaluators and teachers. It provides an overview of research and best practices concerning intervention prior to a special education evaluation and formal and informal assessment of math and the four language arts areas: listening, speaking, reading, and writing. The purpose of The Practitioner’s Guide is to increase sensitivity to the needs of Culturally and Linguistically Diverse (CLD) students.

This Standard Operating Procedures Manual provides the following:

- **Section 1** provides the user with a summary of relevant law and regulations, a list of offices serving the needs of students with disabilities and those suspected of having a disability, and a summary of roles and responsibilities for central, support organizations, and school-based staff.
- **Sections 2—4** provide information regarding the referral process, obtaining parental consent, and assessment and evaluation. These Sections include information regarding referral sources and intake procedures, parameters for obtaining consent, understanding assessment domains, eligibility determination, and applicable timelines for process completion.
- **Sections 5 and 6** guide the user through the IEP Meeting itself referencing member participation and responsibilities, IEP development and goals targeted to a specific disability related area, accommodations and modifications, specialized instruction, and the service delivery models along our continuum of services.
- **Sections 7 and 8** provide information regarding the delivery of special education services, including the implementation of IEP services and programming, and placement procedures. Section 8 provides specific direction for the provision of services and placement of students in special circumstances (e.g., students attending private school funded by their parents, transitional placement for students turning five years of age, homeless, etc.)
- **Section 9** provides direction regarding post-IEP meeting due process, specifically mediation, informal and formal attempts to resolve issues presented by parents, and impartial hearings. Additionally, this Section covers the implementation of impartial hearing officer decisions.
- **Section 10** provides guidance regarding protections required and procedures for students subject to discipline. This section includes information regarding Manifestation Determination Reviews, the timing of Functional Behavioral Assessments and Behavioral Intervention Plans, and guidelines for completing a Student Suspension Plan.

- **Section 11** provides information regarding the Department’s responsibilities with students who are “parentally placed,” meaning students whose parents have placed them in a nonpublic school at the parent’s expense. These students may be New York City residents or may reside outside of New York City but in New York State, or may reside in another State. The Department has certain responsibilities for parentally placed students who are attending a nonpublic school located in New York City, regardless of where they reside.

Throughout this document, references are made to forms and supplemental required/suggested documents to be used for specific actions. All referenced forms are included at the end of the SOPM in the Documents Appendix and are arranged in accordance with the Section categories.

This Guide is cross-referenced to the extent possible and helpful, and we urge you to refer to additional pages as needed. Additionally, symbols have been selected to aid in the navigation of this manual and to identify areas of importance and/or change:

-  The question mark symbol indicates a section that answers frequently asked questions.
-  This symbol identifies areas of change in the law, regulation, or policy.
-  The exclamation point symbol indicates areas of particular importance that require special attention.
-  This symbol is used throughout to indicate steps required or considerations to be made for English Language Learners.

**EXPLANATION OF TERMS AND USAGE**

Following is a list of terms and how they should be interpreted and used throughout the document. Some of terms listed below are common terms that have new meanings or require clarification. It is therefore critical that all users of this document familiarize themselves with these terms:

**What does the term “CSE” refer to?**

CSE has historically referred to the Committee on Special Education Office, the teams that are housed in that office as well as other IEP Teams. The term CSE is not used in this document. Instead, this document refers to the “Committee on Special Education Office” and “IEP Teams.” IEP Teams are located both at schools and in the Committee on Special Education Office, and they may be composed as either a Full Committee or a Subcommittee.

**What does the term “CPSE” refer to?**

CPSE refers to the Committee on Preschool Education, a multidisciplinary team that meets to determine the needs of a student with a disability (or suspected of having a disability) aged 3-5. For further guidance, please refer to the CPSE SOPM which is located on the Department of Education website.

**What does the term “Parent” refer to in this document?**

Parent is used interchangeably with guardian and person in parental relation acting in the place of a birth or adoptive parent. For a full definition of “parent,” please refer to “Parent” definition in Section 3.

### **What is the difference between Notice and Consent?**

Notice is written notification provided to the parent informing them of certain events. For example, a parent would receive notification when their child is referred for consideration of special education services. Consent, on the other hand, refers to written permission that a parent provides after making an informed decision. For further explanation please refer to Section 3.

Consent must be “informed,” which requires more than obtaining a parental signature. The following steps **must be taken** for informed consent to be obtained:

- The parent must be fully informed, in his or her preferred language or other mode of communication, of all information relevant to the activity for which consent is sought, and must be notified of the records of the student which will be released and to whom they will be released. This includes providing the parent with information about what testing will be completed, if any, and where the testing will take place;
- The parent must understand and agree in writing to the activity for which consent is sought; and
- The parent must be made aware that the consent is voluntary on the part of the parent, and may be revoked at any time except if a parent revokes consent, that revocation is not retroactive, meaning that it does not negate an action that has occurred after the consent was given and before the consent was revoked.

### **What is “Pendency?”**

When a party requests an impartial hearing or participates in mediation, pendency, a “stay-put” provision, allows the student to remain in his or her “last-agreed-upon placement” until the impartial hearing process (including all appeals) is complete, unless the parent and the IEP Team agree in writing to an alternative. An exception applies in special circumstances in the discipline context. For more information please refer to Section 10.

### **What does the word “day” mean in this document?**

“Day” means calendar day unless otherwise indicated as “school day” or “business day.” School day means any day (including a partial day) that students are in attendance at school for instructional purposes. During the months of July and August, school day means every day except Saturday, Sunday and legal holidays. Business day means Monday through Friday, except for Federal and State holidays.

### **What does “outreach” mean in the context of this document?**

Outreach is defined as a minimum of:

- At least two attempts at telephone contact at different times of the school day, if the parent has a telephone; and
- A follow-up letter sent to the parent by mail, and sent home with the student if the parent does not have a telephone.

Outreach efforts must be conducted in the parent’s preferred language.

### **What does “least restrictive environment” or “LRE” refer to?**

The least restrictive environment means that placement of students with disabilities in special classes, separate schools or other removal from the regular educational environment occurs only when the nature or severity of the disability is such that even with the use of supplementary aids and services, education cannot be satisfactorily achieved. The least restrictive environment is therefore different for each child.

**What are the Procedural Safeguards and when must parents receive a copy?**

The Procedural Safeguards outline a parent's rights and obligations under the IDEIA and State Regulation. A parent must be provided with a copy of the Procedural Safeguards (i.e. Notice of Parental Rights):

- upon initial referral for evaluation; and
- whenever the parent requests a copy; and
- upon each notification of an Annual Review; and
- upon a parental request for an evaluation; and
- the first time in the school year when the DOE receives a copy of a New York State complaint submitted by a parent to the New York State Education Department (NYSED); and
- upon receipt of a parental request for impartial hearing or mediation; and
- when a decision is made to suspend or remove a student for more than 10 school days

**What are the Department's obligations with respect to the translation of notices?**

Schools and CSE Offices are responsible for providing all notices to parents for whom it has been determined that their primary language is not English in the DOE's identified languages (currently Arabic, Bengali, Chinese, Haitian Creole, Korean, Russian, Spanish and Urdu). If the language the parent speaks is not one of the identified languages, all parent notices must be accompanied by a translated notice in the parents' appropriate language that reads as follows:

"This is an important document regarding the education of your child. Please have someone translate this attached document for you promptly. If there are any questions, please call \_\_\_\_\_ at \_\_\_\_\_."

(Appropriate contact person and telephone number must be inserted.)

Additionally, upon parental request, the DOE will translate all IEP and evaluation reports.

## IMPORTANT CHANGES TO NOTE

- The IDEIA 2004 has placed limitations on the number of reevaluations the District is obligated to conduct in certain circumstances. A reevaluation must be conducted once every three years except when the district reviews the individual needs of the student, and the district and parent agree in writing that such reevaluation is unnecessary. Reevaluations will occur no more than once a year unless the district and parent agree otherwise. For a full explanation please refer to **Section 2**.
- The IDEIA and New York State Regulations have made significant changes with respect to initial referral sources. Some individuals previously able to make an initial referral must now make a request for an initial referral. For more information about initial referral sources, and the new processes that must be followed following receipt of a request for an initial referral, please refer to **Section 2**.
- Subject to very specific guidelines, amendments to an IEP after annual review may be made by the IEP Team at an IEP Meeting, or by amending the IEP without an IEP Team meeting. For information regarding this process, please refer to **Section 5**.
- Subject to very specific guidelines, the IDEIA has added procedures for the excusal of mandated IEP Team Members when the IEP Meeting is not an initial meeting. The attendance of a member whose area of curriculum or related services is not being modified or discussed in the IEP Meeting may be excused if agreed to by both the Department and the parent. Additionally, a mandated member whose area of curriculum or related services is being discussed may be excused only if the parent, in writing, and the school district representative consent to the excusal, and the excused member submits in writing to the parent and the IEP Team input into the development of the IEP meeting prior to the meeting. For information regarding the excusal of IEP Team Members, please refer to **Section 5**.
- The Department has made changes with respect to recommending Home Instruction on a student's IEP. Please refer to **Section 6**.
- The IDEIA now requires an "Exit Summary" be completed for specific students. For additional information please refer to **Section 6**.
- The Department has made changes in procedures for students entering or transitioning back into the New York City public school system, including students who are coming from an Office of Children and Family Services (OCFS) placement. For these new procedures, please refer to **Section 7**.
- The Department has made changes regarding students who are discharged from hospital settings. Please refer to **Section 8**.
- The IDEIA has mandated specific steps that must be taken once a due process request has been received and prior to the commencement of a due process hearing. For information regarding these requirements, please refer to **Section 9**.
- The IDEIA has made significant changes with respect to disciplining students with disabilities. For information regarding these new requirements, please refer to **Section 10**.
- The Department has issued new guidelines and forms for students who are parentally placed students. Parentally placed students are students whose parents have placed them in a nonpublic school at the parent's expense. These students may be New York City residents or may reside outside of New York City but in New York State, or may reside in another State. The Department has certain responsibilities for parentally placed students who are attending a nonpublic school located in New York City, regardless of where they reside. For information regarding these guidelines, please refer to **Section 11**.
- Because of a change in New York State Regulation, Collaborative Team Teaching classes will be referred to as "Integrated Co-Teaching Services." This is a change in name only, with the one exception being that the maximum number of students with disabilities in a class is 12.

# SECTION 1: LEGAL REQUIREMENTS AND PERSONNEL ROLES AND RESPONSIBILITIES

## IN THIS SECTION...

- The Individuals with Disabilities Education Improvement Act (IDEIA) and Corresponding Regulations
  - Summary of Children First Changes
  - The Committees on Special Education Offices
  - Description of Resources and School-based Staff
-

## **THE INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT (“IDEIA”) AND CORRESPONDING REGULATIONS**

The Individuals with Disabilities in Education Improvement Act (the “IDEIA”) is a federal law which sets forth very specific requirements regarding the referral, assessment, identification, and delivery of special education services for students who are:

- Age 3-21; and
- Identified with a disability that is specified in the IDEIA and corresponding Regulation; and
- Who, because of that disability, require special education services and programs

The Department of Education is obligated to provide this group of students with a Free Appropriate Public Education (“FAPE”) in the least restrictive environment. The IDEIA was reauthorized in December 2004, and changes were made at that time. Those changes that are currently in effect are included in this document.

### **Federal and State Regulations**

The IDEIA requires that the Federal and State governments promulgate regulations to provide local school districts with further guidance in implementing the IDEIA.

New York State has issued Regulations that in some cases have additional requirements for school districts and therefore may differ from the requirements of Federal Law. The State regulations are incorporated in this document as well and can be found at <http://www.vesid.nysed.gov>.

This Manual sets forth policies and procedures that are guided by and in compliance with the IDEIA and corresponding Federal and State regulations. Every effort has been made to use language throughout this Manual that is accessible to all users, and to the extent possible, avoids the inclusion of legal terminology.

## **SUMMARY OF CHILDREN FIRST CHANGES**

Below is a summary of recent changes in special education staff and structure as a result of Children First.

### **The Integrated Service Center (ISC)**

Each borough has an Integrated Service Center (ISC), which offers all schools one-stop assistance with mandated and operational services related to human resources, payroll, budget and procurement, transportation, food services, facilities, grant management, technology, health and safety, student suspensions, youth development, and some elements of special education.

Each ISC has a Special Education Team consisting of a Deputy Executive Director of Special Education Services, a Special Education Administration and Operations Manager and Administrative and Operations Specialists reporting to the Director. The Team also includes experienced administrative and clinical experts who deliver high-quality support in all areas of special education. Additionally, the Team at each ISC will include:

- IEP Manager and IEP Specialists who will provide technical assistance, quality review oversight and enforce consistent standards for eligibility determinations and IEP development throughout the system.
- A Transportation Liaison to assist school IEP teams with making appropriate student transportation recommendations.

- Special Education Analysts, a Manager of Contracting and Related Service Authorization (RSA), and special education clerical support personnel. This team will streamline the process of deploying special education personnel, contracting out for services, and issuing and approving services by non-DOE independent providers for students attending public schools.
- Administrators of Special Education who will provide support to schools and ensure that special education services are being provided in a timely and appropriate manner. They will essentially serve as guarantors of special education services.
- Each ISC will have Supervisors of School Psychologists, Supervisors of Speech Teachers, Supervisors of Occupational Therapy and Supervisors of Physical Therapy, to develop a strong team of senior-level service expertise and to collaborate with schools to improve service delivery.
- Special education attorneys and paralegals will be assigned by the Office of Legal Services to each ISC. These legal professionals will provide legal support to schools, the ISC and the CSEs to enable these organizations to meet their responsibilities related to Impartial Due Process Hearings.
- Some schools are served by a Children First Network (CFN) team, which provides both instructional and operational support to member schools. CFN teams perform nearly all of the special education duties that ISCs perform.

### **The Office of Student Enrollment**

The central Office of Student Enrollment will continue to facilitate student placement, enrollment, zoning and choice programs on a citywide basis for all grade levels with the expectation that to the greatest extent possible, students with disabilities will be served in their current schools. The Office of Student Enrollment has responsibility for placing public school students in collaborative team teaching and special education classes once they have been recommended for these services and the student cannot be served in his or her current school. However, where it is determined that students require services that cannot be provided at the school there will be shared accountability for these students. These students will remain on the Progress Report of the sending school as well as the receiving school. The Office of Student Enrollment will work with District 75 to identify and place students in need of District 75 programs. The Office of Student Enrollment will also assume responsibility for approving all transfers of special education students.

- The Office of Student Enrollment will continue to monitor enrollment data in order to determine where new special education classes will be opened. The Office of Student Enrollment will work with the central Office of Portfolio Development, the ISC, or other applicable offices to secure space where needed for special education classes.
- By assuming greater responsibility for placement of students with disabilities, the Office of Student Enrollment will help ensure participation of students with disabilities in choice programs that they administer.

### **School Support Organizations (SSOs)**

All principals, in consultation with their School Leadership Teams, chose a School Support Organization (SSO) to provide curricular and instructional support for their students, including students with disabilities. Some of the SSOs are led by and primarily made up of New York City public school personnel and others will represent the best that colleges, universities, and other non-profit organizations have to offer. Schools were able to choose the SSO that provides the support needed by their teachers and students. This will keep decision-making in schools and make it possible for schools with similar needs to easily share and replicate best instructional practices. District 75 schools have the option of choosing an SSO or receiving their support services from District 75.

## **THE COMMITTEES ON SPECIAL EDUCATION (CSE) OFFICES**

The Committees on Special Education (CSE) Offices report to the Integrated Service Centers (ISC) and the process for evaluation is as follows:

- Students in public schools continue to receive evaluation services and have their IEP (Individualized Education Program) meetings at their school, where personnel who know the child and are likely to provide services to the child can participate fully in this process.
- The CSE is responsible for coordinating evaluations for students in non-public and charter schools as well as non-attending students. In addition, CSEs in consultation with the Office of Student Enrollment will facilitate placements of these students.
- All processes for non-public, charter schools and non-attending students, including impartial due process hearings, contracting out, related service authorizations, etc., will remain at the CSE while the same processes for public school students occur at the ISC. However, the CSE office still maintains the responsibility for opening cases of all initial referrals and assignment of a CSE case number.

Below is a chart showing the ISC to which the CSEs report. All **initial referrals** to special education for public school and non-public, charter and non-attending students continue to be sent to the CSE that serve the district indicated below. This was done in order to maintain the stability of the CSE and their attendant records rooms.

<b>CSE</b>	<b>Districts</b>	<b>ISC Borough</b>
1	7, 9, 10	Bronx
2	8, 11, 12	Bronx
3	25, 26, 28, 29	Queens
4	24, 30, 27	Queens
5	19, 23, 32	Brooklyn
6	17, 18, 22	Staten Island
7	20, 21, 31	Staten Island
8	13, 14, 15, 16	Brooklyn
9	1, 2, 4	Manhattan
10	3, 5, 6	Manhattan

## **DESCRIPTION OF RESOURCES AND SCHOOL-BASED STAFF**

### **Office of Special Education Initiatives (OSEI)**

OSEI provides direction and support to the Deputy Executive Director of Special Education and Administrators of Special Education, Committee on Special Education Chairpersons, and Principals on all matters related to special education leadership. The office formulates goals to achieve improvement in special education service delivery and assist school Teams in implementing changes to achieve those goals. OSEI develops ongoing policy to implement federal and state law/regulations governing special education and assists in building capacity of schools to serve a broad range of students with disabilities.

**Deputy Executive Director of Special Education Services  
Special Education Administration and Operations Manager  
Administrators of Special Education**

Located at the ISC, the Deputy Executive Director of Special Education and Special Education Administration and Operations Managers are responsible for ensuring that the instructional needs of special education students are being met by assisting schools in implementing mandated services. Additionally, these positions are responsible for managing technical assistance and support for schools to ensure that compliance and policy mandates are being met.

The Administrators of Special Education will serve as the guarantors of service by providing support to schools and ensuring that these services are provided in a timely and appropriate manner.

**IEP Manager and IEP Specialists**

The IEP Manager and IEP Specialists are located at each ISC. They provide technical assistance and quality review oversight directly to schools to enforce consistent standards for eligibility determination and quality IEP development.

**Special Education Analysts and Manager of Contracting and Related Service Authorization**

Special Education Analysts, a Manager of Contracting and Related Services Authorization as well as special education clerical personnel are located at each ISC and serve as a team working to streamline the process of deploying special education personnel, contracting out for services, and issuing and approving services by non-DOE independent providers for students attending public schools.

**The Committee on Special Education Chairperson**

The Committee on Special Education Chairperson (the “Chairperson”) oversees the conduct of multi-disciplinary special education assessments for non-attending students and students attending nonpublic, parochial, or charter schools. The Chairperson reports to the Deputy Executive Director of Special Education at the ISC, and oversees staff located at the Committee on Special Education Office. The Chairperson is responsible for maximizing resources including Department of Education staff during the day or on a per session basis, and non-Department of Education staff including contract providers and independent evaluators to ensure that non-attending students and students attending nonpublic, parochial, and charter schools are appropriately assessed within the mandated timelines. The Chairperson is responsible for working collaboratively with the Office of Student Enrollment to ensure timely placement of students requiring special education placement in a self-contained special class or Collaborative Team Teaching class in a public school, overseeing the Impartial Hearing process including conducting required resolution meetings and implementation and tracking of Impartial Hearing decisions for non-attending students and students attending nonpublic, parochial, and charter schools. The Chairperson remains responsible for ensuring that all initial referrals to special education for public school **and** nonpublic, charter and non-attending students continue to be opened at the CSE Office.

**Special Education Office of School Improvement Team Members**

The Special Education School Improvement Team members provide ongoing consultation in an effort to assist schools in delivering quality special education services. School Improvement Teams also create and implement improvement plans as part of schools’ increased accountability outcomes for students with disabilities.

## **District 75**

District 75 provides appropriate standards-based educational programming with related service supports, including interventions and direct service delivery to students with severe challenges. The district provides citywide education, vocational, and behavior support programs, consisting of 56 school organizations, home and hospital instruction, and vision and hearing services. District 75 programs are located at more than 350 school sites in the Bronx, Brooklyn, Manhattan, Queens, and Staten Island. For additional information regarding District 75 programs, please refer to the Continuum of Services.

## **The Transportation Liaison**

The Transportation Liaison at the ISC will receive requests from IEP Teams for additional accommodations on the bus to and from school (e.g. shortened bus ride, specialized equipment on the bus, etc) that require review by the DOHMH physician assigned to the ISC/CSE. The Liaison ensures that the recommendation of the DOHMH physician assigned to the ISC/CSE is transmitted to the IEP Team for their review prior to the IEP Meeting. The Liaison will provide targeted intervention in schools to ensure that recommendations for specialized transportation and accommodations strictly adhere to the guidelines contained herein. This intervention may include but not be limited to providing training, participating in IEP meetings to assist the team, and reviewing transportation reconciliation reports.

## **IEP Teams**

An IEP Team is defined as a multidisciplinary team that includes the parent and, if appropriate the student, that is responsible for the timely and appropriate evaluation, placement, and IEP development for students age 5 through 21 suspected of, or determined to be disabled. In New York City, an IEP Team may be located at a school, or at the Committee on Special Education Office.

New York State refers to IEP Teams as Committees on Special Education (“Full Committees”), or Subcommittees of the Committee on Special Education (“Subcommittees”). Membership requirements differ based on whether the IEP is a Full Committee or a Subcommittee. As a general rule, IEP Teams are responsible for:

- Taking appropriate action within mandated timelines on each referral of a student suspected of having a disability or a student already identified with a disability
- Reviewing all relevant information, and conducting evaluations, as appropriate, for each referred student
- Determining a student’s eligibility for special education services
- Making recommendations for special education services
- Developing an Individualized Education Program for students determined to have a disability and in need of special education services
- Ensuring that all guaranteed procedural safeguards are provided to parents throughout the process
- Assuring that each student receiving special education services has a comprehensive reevaluation (mandated three-year-review) at least once every three years
- Prior to the completion of a student’s education, notifying parents and students of the assistance available from state and local agencies in determining the need for and availability of adult services
- Tracking all activities regarding the evaluation and placement process in the Department of Education’s computerized tracking system
- Maintaining the confidentiality of all students’ special education records and

- Representing the Department of Education at Impartial Hearings, when requested

### **IEP Teams Located at the Committee on Special Education Office**

The IEP Teams located at the Committee on Special Education Office and directed by the Chairperson are responsible for several groups of students. These Teams are responsible for all students age 5 to 21 years of age who attend a school within the geographic boundaries of the districts that are served by the Committee on Special Education Office and is a:

- Private school
- Parochial school
- Charter school
- State approved Non-Public Schools (regardless of home address)

The IEP Teams located at a Committee on Special Education Office are also responsible for students who reside within the geographic boundaries of the districts that are served by the CSE and who are:

- Students attending non-public Schools outside of New York City and New York State
- Students who receive home instruction as their placement on their IEP (Please note that this does not include students on temporary home instruction as these students are expected to return to their prior school)
- Students who are being home-schooled
- Students who are non-attending

In addition, the IEP Teams located at the Committee on Special Education Office maintain assessment staff with knowledge of sensory impairments in order to provide assistance in the evaluation of students who:

- Have hearing problems or failed the secondary hearing screening (mild hearing loss of 25 decibels or greater in either ear), or those for whom there is documentation demonstrating that the student has a possible hearing loss in excess of 40 decibels in the better ear with amplification; or
- Have a visual acuity of 20/70 or greater in the better eye with correction, and those who have degenerative eye disease or significant field loss

### **School-Based IEP Teams**

School-based IEP Teams are responsible for the evaluation and placement of students who are:

- Registered in their respective schools, including District 75 and District 79 schools ; and
- Entering kindergartners zoned for that particular school

### **The Principal**

The Principal has overall responsibility for ensuring that students with disabilities are provided with their recommended programs and services, and that all referrals are completed appropriately and in compliance with Federal and State laws and regulations. This includes, but is not limited to, ensuring that:

- Meetings, as appropriate, are held with the parents of students initially referred to determine if the student would benefit from additional general education support services as an alternative to special education

- IEP meetings for students referred for evaluation/reevaluation are completed within the mandated timelines
- Upon receipt of a request for referral for an initial evaluation, follow procedures as outlined in Section 2.
- When an initial referral is withdrawn from the timelines due to the inability to obtain consent for evaluation, a meeting with the parent is scheduled and a decision made to close the case or initiate an Impartial Hearing
- General and special education teachers/service providers attend the IEP meetings as required and that related service providers are notified and invited to attend the IEP meeting when their area of curriculum or related services is being modified or discussed
- School-based staff are able to participate in impartial hearings, as needed
- All students with disabilities have an annual review of their IEP
- All students with disabilities have a reevaluation once every three years (except if, upon review of existing data and the student's individual needs, the school district and the parent agree in writing that such reevaluation is unnecessary) and not more than once a year unless the parent and district agree otherwise
- IEP Teams are making appropriate recommendations to support the progress of the student in the Least Restrictive Environment appropriate for the student
- The computerized tracking system accurately reflects the provision of special education services
- The school has a process to inform staff of their responsibilities in implementing IEPs

### **Supervisors of School Psychologists**

The Supervisor of Psychologist is responsible for assisting in the effective and efficient functioning of the IEP Teams, including but not limited to:

- Evaluating the quality of assessments conducted by assessment professionals and the resulting written reports
- Conducting formal and informal observations of assessment staff
- Assisting individual staff members in improving performance
- Collaborating with principals and administrators to support assessment personnel at the school level
- Providing professional development and technical assistance to new and experienced assessment professionals and to school staff
- Assisting the school principal in the supervision of assessment teams, time management, and compliance with all mandates
- Planning and providing professional development activities
- Assisting the school principal in the supervision of counseling services when provided by an assessment professional
- Participating in IEP Team meetings
- Coordinating the ordering and distribution of testing materials and protocols to assist psychologists
- Substantiating that his/her analysis and feedback contributed to the overall evaluation of the assessment professional (i.e., Supervisor of School Psychologists, in collaboration with school principal, rate the school psychologist)

### **Supervisors of Speech Improvement**

The Supervisors of Speech are responsible for assisting in the effective and efficient functioning of Teachers of Speech Impaired, including but not limited to:

- Conducting formal and informal observations of Teachers of Speech Improvement
- Assisting individual staff members in improving performance;
- Collaborating with principals and administrators to support Teachers of Speech Improvement at the school level
- Providing professional development and technical assistance to new and experienced Teachers of Speech Improvement and to school staff
- Facilitating Department speech services record-keeping activities attendant to Medicaid and other reimbursements from State and Federal sources
- Facilitating the assignment of DOE Teachers of Speech Improvement and contracting out of speech services with contracted vendors in the absence of availability of regular Department staff
- Assisting in the ordering and distribution of testing materials and protocols for Teachers of Speech Improvement

### **The School Psychologist**

The School Psychologists serve as the case manager and are primarily responsible for ensuring that cases in the evaluation and placement process are completed within mandated timelines. They also play a vital role in a school's intervention efforts and may serve as members of the school's Academic Intervention Services Team and/or Pupil Personnel Team and provide direct services to both general education and special education students. They may assist in the completion of Functional Behavioral Assessments and Behavior Intervention Plan for students with challenging behaviors and serve on the Manifestation Determination Review for suspended students. Examples of key responsibilities include:

- Ensure effective management of the evaluation process
- Administer timely psycho-educational assessments
- Facilitate IEP meetings
- Conduct Classroom Observations
- Determine the need for psychological evaluation
- Consult with school staff, parents, and students regarding behavioral management issues and concerns
- Serve on school-level committees
- Case management

### **The Social Worker**

Social Workers are responsible for conducting social histories and other assessments, as necessary, for students in the evaluation and placement process. They also play a vital role in a school's intervention efforts and as such may serve as members of the school's Pupil Personnel Team/Academic Intervention Services Team. Social Workers also provide direct services to general and special education students and provide consultation and support to parents. They may assist in the completion of Functional Behavioral Assessments and Behavioral Intervention Plans for students with challenging behavior and may serve on the Manifestation Determination Review for suspended students. Examples of key responsibilities include:

- Obtain parental consent for evaluation
- Explain due process rights to parents
- Conduct Social Histories
- Conduct Social History Updates (maximum of 5 hours per week)
- Participate in IEP Team meetings
- Conduct classroom observations
- Provide consultative and support services to students, parents, and school personnel
- Serve on school-level committees
- Provide intervention services, including counseling

### **The IEP Teacher**

For a minimum of 5 periods a week the IEP teacher:

- Prepares for and attends IEP meetings of students initially referred to special education
- Conducts classroom observations
- In the event of requested review or reevaluation, provides coverage for other special education teachers so that they may attend the IEP meetings for their students

The balance of the IEP teacher's schedule is programmed at the discretion of the principal in the following ways:

- Instructs students with disabilities, including those in Special Education Teacher Support Services (SETSS), Collaborative Team Teaching (CTT), and part-time special class
- Instructs identified general and special education students at risk of academic failure
- Administers curriculum-based assessments for at-risk general education students
- Participates in Academic Intervention Services and Pupil Personnel Teams
- Completes other related duties as determined by the Principal

### **Clerical/Family Worker**

Key responsibilities for Clerical/Family Worker include:

- Browse and enter student-specific data in the computerized tracking system
- Conduct administrative tasks such as: completing forms, mailing notices and forms to parents, duplicating records and reports, filing, scheduling assessments and IEP meetings, and responding to inquiries
- Prepare all documentation for tracking case completion and assisting in case management
- Reconcile computerized reports
- Perform general clerical and office duties
- Create and maintain confidential student files, including filing all completed assessment reports, due process notices, and letters
- Retrieve and transmit student records and files
- Contact parents
- Conduct home visits, as needed

## SECTION 2: THE REFERRAL PROCESS

### IN THIS SECTION...

- Child Find Obligations
  - Initial Referral Sources
  - Request for Referral for an Initial Evaluation
  - Requests for Referrals Made by Professional Staff Members
  - Receipt of Request for Referral
  - Initial Referrals Made by Parent(s)
  - Date of Initial Referral
  - Receipt of Initial Referral
  - Initial Referrals: Required Steps at the Committee on Special Education Office
  - Initial Referrals: Required Steps at the School Once the Referral has been Received
  - Timeline Once the Referral has been Received
  - Post-Referral Considerations
  - Post-Referral Services
  - Additional Requirements: Referrals for Vision and Hearing Screenings
  - Referrals for Reevaluations
  - Providing the Parent with Notice of Request for Reevaluation
  - Referrals for Annual Review
  - Referrals for Preschool Students with a Disability Transitioning to School-Age Special Education Programs
-

## CHILD FIND OBLIGATIONS

The IDEIA requires the New York City Department of Education to identify, locate and evaluate all children with disabilities and those suspected of having a disability residing in New York City, including students who are homeless or Ward of the State, or not attending a New York City public school. The Child Find provision also applies to all children who may be in need of special education services, and is an obligation that extends to all professional staff members as indicated below.

## INITIAL REFERRAL SOURCES



The IDEIA and corresponding New York State Regulations have made significant changes with respect to the initial referral process, including the initial referral source. Only the people identified directly below under this subheading may refer a student for an initial evaluation, while a different list of individuals may make a request that the principal or designee refer a student for an initial evaluation (“request for referral”). When a request for a referral is made, a new process must be followed.

When a student is suspected of having a disability, a written referral for evaluation must be made to the principal of the public school the student attends (or is eligible to attend), or to the Chairperson of the Committee on Special Education Office. An initial referral for evaluation may be made by the following individuals:

- A student’s parent
- A designee of the school district (i.e. the principal of the public school in the district in which the student resides, or the public school in the district the student legally attends or is eligible to attend, or Chairperson of the Committee on Special education Office)
- The commissioner or designee of a public agency with responsibility for the education of the child
- A designee of an education program affiliated with a child care institution with Committee on Special Education responsibility

## REQUEST FOR REFERRAL FOR AN INITIAL EVALUATION

A written request that the Department or agency refer the student for an initial evaluation may be made by:

- A professional staff member of the school district in which the student resides, or the public or private school the student legally attends or is eligible to attend
- A licensed physician
- A judicial officer
- A professional staff member of a public agency with responsibility for welfare, health or education of children
- A student who is 18 years of age or older, or an emancipated minor, who is eligible to attend the public schools of the district

## REQUESTS FOR REFERRALS MADE BY PROFESSIONAL STAFF MEMBERS

There are specific requirements for requests for referrals initiated by professional staff members. Requests for referrals must:

- State the reasons for the requests for referral and include any test results, records, or reports upon which the referral is based
- Describe, in writing, intervention services, programs, or instructional methodologies used to remediate the student's performance prior to the request for referral, including any supplementary aids or support services provided or the reasons why no such attempts were made and
- Describe the extent of parental contact or involvement prior to the referral request

The **Request for Initial Referral Form** is used for this purpose. The various components described above are required elements of a referral made by school staff members. A referral that does not include all required items will be considered incomplete. The evaluation process will not begin until the referral is completed with all required components and resubmitted. If the referral is incomplete, professional staff members are urged to send the referral source a notification form indicating missing information to avoid any delay in processing.

The **Request for Initial Referral Form** reminds professional staff members of the requirements for a request for initial referral to be considered complete. The request for initial referral also provides opportunity to consider and describe interventions attempted prior to the request. The wide variety of interventions identified on the request form serves two purposes:

- To offer intervention strategies and options that may not have been considered prior to referral and
- To substantiate those that have been attempted

The request for referral form reinforces the responsibility of school personnel to consider appropriate interventions in general education before proceeding with the request.

### **RECEIPT OF REQUEST FOR REFERRAL**

When a **request for an initial evaluation** has been made to the public school principal, the principal must immediately forward the request to the Committee on Special Education Chairperson. Within 10 school days, the principal (or for non-attending students or students attending nonpublic or charter schools, the CSE Chairperson) must:

- Request that the parent consent to initiate the evaluation by following the procedures beginning below under "Date of Initial Referral," OR
- Provide the parent with a copy of the request for referral, inform the parent of his/her right to refer the student him or herself, offer the parent an opportunity to discuss the request for referral, and, as appropriate, the availability of appropriate general education support services for the student, with the building administrator or other designee of the school district authorized to make a referral, and the party making the request for the referral if he/she is a professional staff member of the school district. When requested by either the parent or school district, any other person making a request for referral must be allowed to attend the meeting. The **Notice of Request for Initial Referral** which details this process must be sent to the parent within 10 days of receipt of the Request for Referral.

**Please Note:** If the principal requests the parent to consent to the initial evaluation or the parent chooses to refer the student him or herself, the request for referral becomes an initial referral and the procedures beginning at "Date of Initial Referral" must be followed. When a principal seeks consent from a parent as a result of a request for referral, the date of the initial referral is the date the principal seeks consent.

## **INITIAL REFERRALS MADE BY PARENT(S)**

A parent may initiate a referral for their child by:

- Writing directly to the Committee on Special Education Office or
- Giving a written referral to the Principal, or the building administrator or professional member of the school staff. In this case, he/she records the date the referral was received, initials it and transmits it within twenty-four (24) hours to the Committee on Special Education Chairperson. If a parent makes an oral request for evaluation to a professional member of the school staff, the school professional must promptly assist the parent in making a written request

### **DATE OF INITIAL REFERRAL**

The case is to be opened as of the date of referral. The date of referral is the **date the referral was received by the principal or Chairperson, whichever is earlier**. When a principal seeks consent from a parent as a result of a request for referral, the date of the initial referral is the date the principal seeks consent.

It is essential that the date of receipt be carefully noted. Consent must be sought from the parent immediately and outreach, as defined in Section 1, must be conducted as needed. If consent has not been obtained within 30 days of receipt of the referral a decision must be made whether to close the case or request an Impartial Hearing.

The school psychologist/designee ensures that the social worker has been notified of the referral and can begin the coordination of the case. The student will automatically appear on the following week's 201 report for the school (the list of Incomplete Evaluation and Requested Reconvene Reviews).

Initial referrals made to school staff are sent twice weekly via the DOE courier to the CSE Chairperson.

### **RECEIPT OF INITIAL REFERRAL**

If the referral is made directly to the Chairperson, the Chairperson or designee must forward a copy to the Principal of the student's school, if that school is a New York City public school, within 5 school days. **All Initial Referrals** are "opened" at the appropriate Committee on Special Education Office, not at the school.

In some instances, a referral is given to a professional member of the student's school. In this case, he/she records the date the referral was received, initials it and transmits it within twenty-four (24) hours to the Committee on Special Education Office.

### **INITIAL REFERRALS: REQUIRED STEPS AT THE COMMITTEE ON SPECIAL EDUCATION OFFICE**

When the Committee on Special Education Office receives the referral, the case is:

- Clocked in
- Given a CSE case number
- CSE Student Record is created
- Referral information is entered into the computerized tracking system
- Notice of referral is sent to the parent, principal, and school psychologist
- The procedural safeguards notice is sent to the parent

Additionally, if the student is a New York City public school student, the school-based IEP Team is notified and the case becomes the responsibility of the school to complete.

The **Notice of Referral: Initial Form** and a copy of the Notice of Parental Rights are sent to the parent/student in his/her preferred language within five (5) school days of receipt of the referral. A copy of the **Notice of Referral: Initial Form** with a copy of the referral itself is also sent/provided to the principal and the school psychologist within five (5) school days. The **Notice of Referral: Initial Form** informs the parent/student that:

- A referral has been received
- Identifies the source of the referral
- Identifies the evaluative materials that are needed
- Indicates that a social worker from the school the student attends, or the IEP Team at the Committee on Special Education Office (if the student is not attending a public school), will be contacting the parent/student to arrange an appointment to discuss the referral; and
- Includes the Notice of Parental Rights

### **INITIAL REFERRALS: REQUIRED STEPS AT THE SCHOOL ONCE THE REFERRAL HAS BEEN RECEIVED**

The Clerical/Family Worker:

- Creates a file for the student
- Adds the student's name to the tracking sheet
- In consultation with the Social Worker schedules the social history meeting
- Promptly sends **Notice of Social History Meeting Form** to the Parent
- In consultation with the Integrated Service Center, arranges translation accommodations for parents who have a language preference other than English

### **TIMELINE ONCE REFERRAL HAS BEEN RECEIVED**

Before the 20th day from receipt of referral the following activities must be completed:

- If the parent has not responded or if the meeting is not yet scheduled, outreach phone calls as defined in Section 1 of this manual must take place. If no contact is made by phone, a follow-up letter must be sent immediately.
- If after a follow-up letter has been sent, a meeting has still not been scheduled, a second outreach phone call must take place.

**If after 25 days of receipt of the initial referral consent has not been received:**

- The school (or CSE if the student is non-attending, attending private, parochial, or Charter school) must send The Final Notice of **Withdrawal from the Evaluation Process: Initial Referrals** to the parent informing them that the case will be closed unless consent is provided within the next 5 days.

#### **Please Note:**

- All outreach activities as defined in **Section 1** of this document must be tracked in the student contact sheet in the special education file.
- If the case is closed and the parent contacts the Department at a later date to provide consent to evaluate, the case **must** be re-opened immediately and the parent's consent **must** be recorded.

## POST-REFERRAL CONSIDERATIONS



Once an initial referral has been made, post-referral intervention services may be attempted in the event of a written agreement with the parent. This process is outlined below.

## POST-REFERRAL SERVICES

Appropriate interventions, curriculum modifications, and remedial services must be attempted before considering a referral to the Committee on Special Education for a student experiencing difficulty in school. Please note that the building administrator may convene a meeting with the parent and others to develop a plan of alternative strategies **for a student who has already been referred** to the Committee on Special Education Office and, upon development of that plan and agreement of the parent, have the referral withdrawn from the evaluation process.

When the Committee on Special Education Office receives a referral, a copy of the referral is forwarded to the building administrator of the school the student attends. Upon receipt of the referral, the building administrator may request a meeting with the parent and student, if appropriate, to determine whether the student could benefit from alternatives to special education (including the provision of support services, speech and language services, academic intervention services and any other services designed to address the learning needs of the student and maintain the student's placement in general education) which have not yet been attempted. In conducting that meeting, the building administrator must ensure that:

- The meeting takes place within 10 days of the building administrator's receipt of the referral.
- If a professional staff member requested the referral, that person shall attend the meeting.
- The parent understands the proceedings of the meeting and arrangements are made for the participation of an interpreter, if necessary.
- If both parties agree, a written agreement between the parent and the building administrator is developed. The agreement must contain a description of the additional general education support services to be provided, instructional strategies to be used, and student centered data to be collected and the proposed duration of such program.
- The parent's copy of the written agreement is provided in the parent's preferred language.
- Copies of the agreement are provided to the Committee on Special Education, the professional staff member who made the request for the referral, the parent, and student, if appropriate.
- A copy of the agreement is placed in the student's cumulative education record.

The scheduling and conduct of this meeting does not impede the Committee on Special Education/IEP Team from continuing its duties and functions with respect to the referral. The Committee on Special Education/IEP Team must send the Notice of Referral, Notice of Due Process Rights, and begin the process of obtaining parental consent. However, if the meeting results in an agreement to implement an alternative program, that agreement will serve to withdraw the referral.

During the meeting, every consideration should be given to the full range of supplemental aids and services, curriculum and classroom modification, and resource and support

personnel within the school and community that have not been attempted prior to the referral. Consideration may also be given to new strategies and interventions that were unavailable at the time of referral. In effect, this procedure ensures that every consideration will be given to alternatives to special education and further provides an opportunity for the building administrator to consult with the parent and the referring source to most appropriately address the student's needs.

### **ADDITIONAL REQUIREMENTS: REFERRALS FOR VISION AND HEARING SCREENINGS**

The NYC Department of Education requires specific information regarding vision and hearing screenings be attached to a referral made to the Committee on Special Education Office, including:

- A copy of the student's health record, which should include the results of a primary vision and hearing screening, and
- A copy of the results of secondary vision and hearing screening for all students who failed a primary screening.
- Hearing Screenings of students within six months of school entry is mandated for all New York State students. The New York City Department of Health and Mental Hygiene (DOHMH) teams will conduct the elementary school hearing and vision screenings for students in kindergarten and first grade.
- Vision Screening of students within six months of school entry is mandated for all New York State students. In addition, all students in pre-kindergarten, kindergarten and grades 1, 3 and 5 must have vision screening. DOHMH teams will provide vision screening in pre-kindergarten, kindergarten and first grade. Results will be entered into the DOHMH Vision and Hearing database. The principal is responsible for conducting vision screening in grades 3 and 5.

An initial referral for evaluation must include the student's hearing and vision screenings in addition to his or her physical examination report. It is the responsibility of the school to attach a copy of the student's health record, which includes primary vision and hearing screenings, possible secondary vision/hearing screenings for students who failed the primary screening; and/or physical examinations obtained. Schools may contact the Supervising Nurse for the school to gather current medical information on students within the school district.

**Please Note:** Lack of the student's health record and primary or secondary vision and hearing screening will not delay commencement of the evaluation process.

### **REFERRALS FOR REEVALUATIONS**



A Reevaluation must be conducted once every three years, except if, upon review of existing data and the student's individual needs, the school district and the parent agree in writing that such reevaluation is unnecessary. Reevaluations will not occur more than once a year unless the district and parent agree otherwise.

Referrals for Reevaluations may be made under the following circumstances

- Upon the request of the student's teacher or parent; and/or
- If the school district determines that the educational or related services needs, including improved academic achievement and functional performance, warrant a reevaluation.

The student's teacher/service provider must complete a **Request for Reevaluation Form** when they are requesting a reevaluation and submit it to the building administrator. For all other referral sources (e.g., parents, physicians, judicial officers, etc.), a letter requesting a reevaluation must be submitted to the building administrator. Non-attending students, and students attending Charter, parochial or non-public school must forward the request to the appropriate Committee on Special Education Office.

To begin the referral process for mandated three-year reevaluations, the school clerical worker or the designee of the Principal must run the school 214 Report (which lists all students requiring a mandated three year review) and advise the student's teacher of students who require a mandated three-year reevaluation and when the reevaluation is due. For students in high school or middle school, a student's teacher must be designated as the teacher who will participate in the student's IEP Meeting.

Please note that a mandated three-year reevaluation is required except if the school district and the parent agree in writing that such reevaluation is unnecessary. The school psychologist, in consultation with the student's primary or designated teacher, must determine whether the mandated reevaluation is not necessary. A school should not routinely seek to waive the mandated three year reevaluation as such a waiver must be based on the individual student's needs and in each instance requires written parental agreement. If a determination is made that the mandated three-year reevaluation is unnecessary, the **Request for Waiver of a Mandated Three Year Reevaluation Form** must be sent to the parent. If the parent disagrees or does not return the form, then the reevaluation is conducted as described below, and in the following chapters.

If the student is not a New York City public school student (e.g., a student attending a private, parochial, or charter school) the Committee on Special Education Office completes the steps outlined above.



The principal or designee is responsible for ensuring that the school 214 report is updated and accurate. Under the direction of the school psychologist and attendance personnel, the school clerical worker or other designee must ensure that the report is a true reflection of students who require a reevaluation and are in attendance.



The IDEIA has placed limitations on the number of reevaluations the District is obligated to conduct. When any request for a reevaluation is made, regardless of the source, the clerical worker at the school, (or if the student is not a New York City public school student, clerical personnel at the Committee on Special Education Office), must determine whether a reevaluation has been conducted for the student during the current school year. This can be accomplished by looking up the student in the computerized tracking system. If a reevaluation has not been completed for the student that school year, please skip to "Providing the Parent with Notice" below.

If the student previously had a reevaluation during the same school year, the principal or designee, in consultation with the student's primary or designated teacher, must be contacted to determine whether an additional reevaluation will provide new or meaningful information and is therefore appropriate at that time.

The principal must indicate whether the school agrees to conduct or declines to conduct the second reevaluation for that school year on the **Additional Request for Reevaluation Form**. If the principal agrees to the reevaluation, the parent must agree in writing by signing the form, or if the parent is unable to sign due to a disability, indicate to the principal of his/her decision by phone or in person. The parent must also then receive at that time a copy of the **Notice of Request for Reevaluation**. If the student is not a New York City public school student the Chairperson is responsible for indicating whether the CSE agrees or declines to conduct the second reevaluation for that school year on the **Additional Request for Reevaluation Form**, obtaining a parental signature and conducting outreach.

**Please Note:** During the months of July and August, the Deputy Executive Director of Special Education at the Integrated Service Center or Designee (in consultation with the school principal, if available) is responsible for completing the **Additional Request for Reevaluation Form**. This does not apply to students receiving services in District 75 Summer Programs. In these cases, the District 75 Principal will make the decision and approve the request.

### **PROVIDING THE PARENT WITH NOTICE OF REQUEST FOR REEVALUATION**

The **Notice of Request for Reevaluation** is sent by the IEP Team to the parent/student in his/her preferred language within five (5) school days. A copy is also sent to the school administrator and the school psychologist and filed in the student's special education file.

This notice:

- Informs the parent/student that a referral has been received
- Identifies the source of the referral and a description of the action proposed or refused
- Explains their rights during the evaluation process and
- Includes the **Notice of Parental Rights** as an attachment

### **REFERRALS FOR ANNUAL REVIEW**

A student's IEP must be reviewed at least annually and a referral is therefore not required.

### **REFERRALS FOR PRESCHOOL STUDENTS WITH A DISABILITY TRANSITIONING TO SCHOOL-AGE SPECIAL EDUCATION PROGRAMS**

Preschool students with disabilities currently recommended for special education services who will be turning 5 years of age by December 31st of the following school year must have an IEP meeting to determine those special education services, if any, that are necessary as the student becomes school-age.

- A list is generated by the computerized tracking system indicating all students turning five years of age. The Committee on Special Education Chairperson/designee will be responsible for determining which school will be responsible for the reevaluation and placement process for the upcoming school year.

All students who are 4.9 years old by September who are entering school in September, and for whom the referral is received by the Committee on Special Education Office:

- Prior to March 1st, the Committee on Special Education Office must determine eligibility by June 1st and offer appropriate services by June 15th
- After March 1st, but prior to April 1st, the Committee on Special Education Office must determine eligibility by July 1st and offer appropriate services by July 15th

- After April 1st, but prior to May 10th, the Committee on Special Education Office must determine eligibility by August 1st and offer appropriate services by August 15th
- After May 11th, the Committee on Special Education Office must offer appropriate services within compliance timelines, as a regular referral (i.e., determine eligibility within 60 calendar days from parental consent for evaluation and 60 school days to arrange for services)

The **Notice of Request for Reevaluation** and the **Notice of Parental Rights** is sent by the school psychologist/designee that is assigned to the case to the parent in his/her preferred language. The referral is entered into the computerized tracking system.

**Please Note:** For students who are “Turning-five” and have not been previously identified as a student with a disability, please refer to Section 4, “Case Completion Timeframe for Turning-five Students Initially Referred.”

# SECTION 3: CONSENT TO EVALUATE AND PRE- ASSESSMENT PLANNING

## IN THIS SECTION...

- Introduction
  - What is Informed Consent? Consent Defined
  - Who Provides Consent? Definition of a “Parent”
  - Surrogate Parents
  - Qualifications of Surrogate Parents
  - Determining the Need for a Surrogate Parent
  - When Consent to Evaluate is Required
  - Outreach Activities to Obtain Consent for Initials and Reevaluations
  - Arrangements to Obtain Consent for Initial Evaluation
  - The Social History Interview
  - When Consent is Required for New Assessments as part of a Reevaluation
  - Parental Non-Response to Request for Consent for Additional Assessments to Conduct a Reevaluation
  - Parental Refusal to Provide Consent for Additional Assessments to Conduct a Reevaluation
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## INTRODUCTION

This Section provides the user with a definition of informed consent (“consent”), instructions regarding when consent must be obtained, from whom it must be obtained, considerations regarding assignment of surrogate parents, and pre-assessment activities related to obtaining consent to evaluate.

Additionally, this Part covers appropriate steps that must be taken when despite reasonable efforts to gain consent to evaluate for initial cases, and for further assessment for reevaluations, consent has not occurred.

### WHAT IS INFORMED CONSENT? CONSENT DEFINED

Consent must be “informed,” which requires more than obtaining a parental signature. The following steps **must be taken** for informed consent to be obtained:

- The parent must be fully informed, in his or her preferred language or other mode of communication, of all information relevant to the activity for which consent is sought, and must be notified of the records of the student which will be released and to whom they will be released. This includes providing the parent with information about what testing will be completed, if any, and where the testing will take place;
- The parent must understand and agree in writing to the activity for which consent is sought; and
- The parent must be made aware that the consent is voluntary on the part of the parent, and may be revoked at any time except if a parent revokes consent, that revocation is not retroactive, meaning that it does not negate an action that has occurred after the consent was given and before the consent was revoked.

### WHO PROVIDES CONSENT? DEFINITION OF A “PARENT”

A parent is defined as:

- A birth or adoptive parent
- A guardian who is generally authorized to act as the child’s parent or authorized to make educational decisions for the child (but not the State if the child is a Ward of the State)
- A person acting in the place of a birth or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child resides or a person who is legally responsible for the child’s welfare
- A surrogate parent appointed by the school district or by a judge
- A person in parental relationship to the child, as defined in New York Education Law, including a father or mother (by birth or adoption), a stepfather, a stepmother, a legally appointed guardian or a custodian. A custodian is someone who has assumed the charge and care of a child because the parents or guardian have died, are imprisoned, are mentally ill, have been committed to an institution, or because they have abandoned or deserted the child, are living outside the state or their whereabouts are unknown or
- An individual designated as a person in parental relation pursuant to Title 15-A of the General Obligations Law or the General Obligations Law allows parents to voluntarily designate someone else to make educational decisions for their child. The designation must be in writing and can be for no longer than six months at a time. If the designation is for longer than 30 days, it must be notarized and signed by the designee as well as the parent
- A foster parent

A student's birth or adoptive parent is presumed to be the parent for special education decision-making purposes unless he or she does not have legal authority to make educational decisions for the child. If the birth or adoptive parent does not have legal authority to make educational decisions for the child, any of the other parties who meet the definition of "parent" may sign consent for evaluations or services.

For example, a foster parent, guardian or other party listed above may assume the role of parent if:

- The birth or adoptive parent's rights have been terminated or surrendered in court (i.e. the child has been freed for adoption)
- The birth or adoptive parent's rights to make educational decisions have been limited, or a judge has appointed someone other than the birth or adoptive parent to make educational decisions for the child or
- The birth or adoptive parent is deceased

If a judicial order or decree identifies a specific person or persons to act as the parent or make educational decisions on behalf of the student, then such person(s) must be determined to be the parent.

The term "parent" does not include the State if the student is a Ward of the State. Therefore, caseworkers employed by the Administration for Children's Services (ACS) and foster care agencies do not fit the definition of parent and cannot sign consent for special education evaluations or services, even if parental rights have been terminated or surrendered.

The person with whom the student resides may not necessarily be the person legally authorized to sign consent. Care must be taken to ensure that consent is obtained from a person entitled to sign consent for evaluation and placement. For example, do not assume that a student is eligible for appointment of a surrogate parent simply because a child does not live with the parent. Also do not assume that the person with whom the child resides has authority to sign for the child, even if the person is a relative.

For students in foster care, the adult with whom the child lives will know whether the child is in foster care and should know the name and telephone number of the caseworker and the foster care agency. The caseworker will be able to provide information about the status of parental rights and may have updated information regarding the parent's whereabouts.



**When parents are divorced, who may sign for consent or make educational decisions?**

The parent who is the "custodial parent" generally has decision-making authority for educational decisions. There are instances, however, when non-custodial parents are granted some level of decision-making with regard to the student's education.

If there is a question regarding which parent may make decisions, please consult with your Special Education Attorney. If you do not know who the Attorney is, please call the Office of Legal Services at 212-374-6888.

**SURROGATE PARENTS**

To ensure the rights of the student are protected, in the following circumstances, a person may be appointed as a "surrogate parent" to act in the place of parents or guardians:

- No parent can be identified

- After reasonable efforts, the DOE cannot discover the whereabouts of the parent
- The student is an unaccompanied homeless youth as defined by the McKinney-Vento Homeless Act
- The student is a Ward of the State and does not have a parent who meets the definition of parent. A Ward of the State is a child or youth who has been placed or remanded through a juvenile delinquency, PINS or child protective proceeding; is in the custody of the Commissioner of Social Services or the Office of Children and Family Services; or is a destitute child not being cared for in his/her home

**Please Note:** A surrogate parent is not needed if the child has a parent, foster parent, guardian or other individual who meets the definition of parent and can serve in that role.

### **QUALIFICATIONS OF SURROGATE PARENTS**

Each Committee on Special Education Office and ISC must maintain a list of persons who are eligible and willing to serve as surrogate parents in order to ensure that the rights of the student are protected.

Persons selected as surrogate parents:

- Are not officers, employees, or agents of the Department of Education or the State Education Department, or other agency involved in the education or care of the student. A person who is an employee of a nonpublic agency that only provides non-educational care for the student and meets the qualifications may be selected as a surrogate parent.

**Please Note:** Staff of emergency shelters, transitional shelters, independent living programs and street outreach programs may be appointed as temporary surrogate parents for an unaccompanied homeless youth until a qualified surrogate parent can be found if they:

- Have no other interest which could conflict with their primary allegiance to the student they would represent and
- Have knowledge and skills that ensure adequate representation of the student

Foster care caseworkers may not serve as surrogate parents because they are employees of an agency involved in the care of the student.

### **DETERMINING THE NEED FOR A SURROGATE PARENT**

**Students who are in Foster care:**

For students in the care and custody or custody and guardianship of the Commissioner of the Department of Social Services (including but not limited to children in foster homes, group homes, and residential treatment centers), the foster care caseworker can assist the social worker in determining the status of the child. If it is determined that parental rights are still intact, the social worker should contact the foster care caseworker who may have updated information regarding the parents' whereabouts and whether the parent is permitted to know where the student is living. If the foster parent's address is to remain confidential, it is very important that the name and the address of the foster care agency be used as the student's address on all documents sent to the parent. **This is crucial, as often the foster parent's address must remain confidential.** Please note that if the parent's rights are intact but the social worker cannot discover the whereabouts of the parent, then a surrogate parent must be appointed.

If it is determined that:

- The birth or adoptive parent's rights have been terminated or surrendered in court (ie the child has been freed for adoption); or
- The birth or adoptive parent's rights to make educational decisions have been limited, or a judge has appointed someone other than the birth or adoptive parent to make educational decisions for the child; or
- The birth or adoptive parent is deceased

then it must be determined whether there is any other individual who meets the definition of parent as described above, such as a foster parent or guardian. If so, that person can sign consent for special education evaluations and services and there is no need to appoint a surrogate parent.

If there is no one who meets the definition of "parent" the CSE/ISC will assign a surrogate parent from their list within 10 business days. Alternately, a foster parent who otherwise meets the qualifications may serve as a surrogate parent without being appointed from the list. A surrogate parent may also be appointed by a judge overseeing the child's case. The foster care case worker can assist in identifying an appropriate person to serve as a surrogate parent, if necessary.

The ISC (if the student is a public school student) or CSE office (if the student is non-attending or attending a private, parochial, or charter school), will send notice of the possible need for a surrogate parent to the adult in charge of the student's place of residence and to the parents at their last known address.

The surrogate parent will represent the student in all identification, evaluation, and placement activities for the student. Accordingly, all notices and correspondence must be directed to the surrogate parent.

**For students who are NOT in foster care:**

If a student is living with a parent or an individual above the age of 18 who is acting in a parental or custodial relationship, i.e., a person who provides food, clothing and shelter for the child, **surrogate parents are not to be assigned**, as the individual acting in a parental or custodial relationship may provide consent.

If a student is living alone, with an individual under the age of 18 or in a homeless/shelter situation, and parents' identity or whereabouts are unknown, a surrogate parent is required. This is true even if the student is 18 years or older. In New York, students age 18 and above may make a request for referral for special education evaluations and may obtain records; however, the student may not sign consent for services and a surrogate parent would therefore be required.

**For students who are unaccompanied homeless youth:**

An unaccompanied homeless youth is any homeless youth not in the physical custody of a parent or guardian. A student is homeless if s/he lacks a fixed, adequate or regular nighttime residence. When determining if an unaccompanied homeless youth needs a surrogate parent, the Students in Temporary Housing Content Expert must be contacted for assistance in making this determination. If the unaccompanied homeless youth does not know the whereabouts of his/her parents or refuses to disclose this information, a surrogate parent should be appointed.

## WHEN CONSENT TO EVALUATE IS REQUIRED

### Consent to evaluate must be obtained:



- prior to evaluation for all initial cases; and
- for additional testing as part of a reevaluation (with exceptions outlined below)

### OUTREACH ACTIVITIES TO OBTAIN CONSENT FOR INITIALS AND REEVALUATIONS

Outreach to the parent to obtain consent to evaluate must include at a minimum:

- At least TWO attempts at telephone contact at different times of the school day, if the parent has a telephone; and
- A follow-up letter sent to the parent by mail, AND sent home with the student if the parent does not have a telephone

### ARRANGEMENT TO OBTAIN CONSENT FOR INITIAL EVALUATION

Consent is requested from the parent in the parent's preferred language during an initial meeting of the parent and the social worker. The **Notice of Social History Meeting Form** is sent to the parent from the school for students attending a public school and from the CSE for students attending non-public and Charter schools or non-attending students, and establishes an appointment date no earlier than seven (7) business days from the date the letter is mailed. If the parent contacts the social worker/designee from the school/Committee on Special Education Office and indicates the date is inconvenient, the appointment is rescheduled as soon as possible from the date of the first appointment, unless the parent requests a later date.

Outreach efforts must be utilized to contact the parent concerning the referral and to schedule meetings. All contacts and attempts to contact the parent (including copies of all letters) and the reasons for the rescheduled appointment must be documented on the **Student Contact Sheet** in the student's official special education file.

Upon receipt of the referral form and from a review of records, including the **Home Language Identification Survey (HLIS)**, the parent's preferred language of communication is initially identified. The parent's preferred language for use in interviews, conferences or written communication is confirmed at the time of the initial contact/social history with the parent.

If the parent's preferred language or mode of communication is other than English, arrangements must be made for a bilingual social history evaluation to be conducted in the parent's language or preferred mode of communication. If a bilingual social history is required, steps noted in the Bilingual Cascade must be followed. The social worker must also determine where the student resides, and the status of the parental relationship.

### Exception for Students who are Wards of the State:

When a student is a Ward of the State and is not living with his or her parent, parental consent must be obtained from someone other than the parent if:

- After reasonable efforts, the school or CSE cannot locate the parent
- The parent's rights have been terminated or surrendered
- The rights of the parent to make educational decisions have been subrogated by a judge and consent has been given by someone appointed by the judge to represent the child

**Please Note:** This provision is only meant for situations where a child has no one else who can serve as a parent; therefore, if a child has a foster parent, guardian or other person who meets the definition of “parent,” the school must seek consent from that person, and may not conduct evaluations without consent. Students evaluated under this exception must be assigned a surrogate parent within 10 business days. The surrogate parent will then represent the child at the IEP meeting and is authorized to sign consent for the initial provision of services if the student is found eligible.

## **THE SOCIAL HISTORY INTERVIEW**

During the social history interview, the **School Social Worker** takes the following actions:

- Informs parents of their due process rights.
- Gives parents a copy of the booklet: A Parent’s Guide to Special Education For Children Ages 5-21. This booklet is available in: Arabic, Bengali, Chinese, Haitian-Creole, Korean, Russian, Spanish and Urdu.
- Explains the reason for the referral, the purpose of the evaluation, and subsequent steps in the evaluation and placement process.
- Informs parents of their right to examine relevant records with respect to assessments.
- Informs parents that they may bring other individuals who have knowledge or special expertise regarding their child to IEP meetings.
- Informs parents of their right to have a trained interpreter at meetings, if necessary. Parents must also be informed of their right to request evaluation reports and the student’s IEP translated into their preferred language.
- Informs the parent that medical documentation is required for any specialized transportation accommodations and provides the parent with a copy of the **Request for Medical Accommodation Form** for completion by the parent’s physician and the **Authorization for Release of Health Information Pursuant to HIPPA Form** to be completed by the parent and then provided to the IEP Team.
- Requests that the parent sign the **Request for Release of Records Form** to obtain any evaluations that were conducted by local hospitals, agencies, etc.
- Informs the parent that an IEP meeting will be held after all necessary information is gathered.
- Informs the parent that at an IEP Meeting held after the child begins to receive special education services, a request may be made by the DOE or by the parent to excuse a mandated member of the IEP Team if the attendance of that member is not necessary because the member’s area of curriculum or related services is not being modified or discussed in the IEP Meeting, and the parent agrees to the excusal of the mandated member. The parent has the right to disagree with the excusal of the member and have the team member whose excusal is sought present at the meeting.

Additionally, the parent must be informed that the a at an IEP Meeting held after the child begins to receive special education services, a request for excusal may be made for a member whose area of curriculum or related services will be discussed only if the parent consents to the excusal and the excused member submits in writing to the parent and the IEP Team input into the development of the IEP meeting prior to the meeting. **The parent must provide consent as defined in Section 1 before the mandated member may be excused.** The parent has the right to refuse to provide consent to the member excusal and have the team member whose excusal is sought present at the meeting.

- Informs the parent that they are a member of the IEP Team and serve as a full participant in all decisions regarding eligibility and service provision.
- Informs the parent that they will receive a copy of all current evaluation reports prior to the IEP meeting. To reduce the anxiety that some parents may face when they receive these written reports in the mail describing their child's disability, in some instances it may be preferable for the parent to pick up the reports prior to the day of the IEP meeting rather than to have them mailed so that immediate parent concerns may be addressed. Therefore, the parent must be asked how they want to receive copies of the evaluation reports (in the mail or at the school). This must be noted on the contact sheet in the student's official file. If the parent chooses to pick up the evaluations, the social worker must provide the parent with contact information to arrange a time to pick up the evaluations and discuss and/or review the evaluations if requested.
- Informs the parent that they may send any information or statement, in writing, or may call the social worker/designee and provide information orally.
- Informs parents of their right to mediation or impartial hearing.
- Informs parents that at any time after consenting to special education services, they may withdraw consent in writing for the continued provision of special education services specified in their child's IEP.
- Informs parents that the notice to withdraw consent must be provided in writing. Although not required, the parent may withdraw consent by using the Parental Withdrawal of Consent for Special Education Services Form located in the Appendix of this document.
- Additionally, within 10 calendar days of receipt of written notice withdrawing consent, the school or the CSE for non-attending students and students attending nonpublic, parochial and charter schools must send a completed Notice of Termination of Special Education Services Due to Parental Withdrawal of Consent, also located in the Appendix of this document. The notice must be in the parent's preferred language. This notice outlines the IEP driven special education services the student has most recently received, and will no longer be receiving. The notice indicates the general education placement that the student will attend (see placement procedures outlined in Section 7 of this document), and explains to the parent that their child will be considered a general education student at all times, including in any discipline/suspension procedures, and that IEP Meetings will no longer be held for the student. The notice also provides the name of a contact person in the event the parent has questions or concerns.

If the parent withdraws consent, all special education services in the child's most recent IEP will terminate 10 school days after the Notice of Termination of Special Education Services Due to Parental Withdrawal of Consent is sent to the parent. IEP special education services will not be discontinued prior to that time. When a parent withdraws consent for IEP mandated special education services, the school or the Committee on Special Education is not required to convene an IEP Meeting or develop an IEP for the student for the further provision of special education and related services. In addition, the school or the Committee on Special Education is not required to amend the student's education records to remove any references to the student's receipt of special education and related services because of the withdrawal of consent. The date of withdrawal of parental consent is entered into the computerized tracking system.

When consent is withdrawn, it is for all special education and related services specified in the child's IEP. This includes recommendations for special transportation,

assistive technology, program modifications, testing accommodations, and the need for modified promotion criteria. Children who have been recommended to participate in alternate assessments are no longer eligible to participate in the alternate assessment program. Parents can not withdraw consent for only a portion of the special education and related services. In situations where the parent disagrees with some of the IEP recommendations an IEP Meeting can be convened to review the student's IEP or the parent may use the due process procedures outlined in Section 9 of this document.

Please note that the school or the Committee on Special Education may not use due process procedures (i.e., mediation, resolution meeting, and/or an impartial due process hearing) in order to obtain a ruling that the services may be provided to the student without parental consent.

**If consent is provided, a social history is obtained and the social worker must take the following steps:**

- Review the **Home Language Identification Survey (HLIS)** to verify the language of the child spoken at home. For students who do not attend NYC public schools and do not have an HLIS, one must be completed with the parent at this time.
- For students who are age 12 and older, interview the parent regarding the student's vocational skills, aptitudes and interests utilizing the **Department of Education Vocational Assessment Parent Interview Form**.
- Request that the parent forward the results of the student's most recent physical examination by providing a copy of the **Request for Physical Examination Form**. If the parent indicates that they don't have a physician, assistance will be provided in contacting a clinic to conduct a physical examination at no cost to the parent. Please refer to Procedures for Obtaining Physical Examinations in **Section 4** for more information.
- Ensure that the social history information and consent is entered into the computerized tracking system.

**The parent may refuse or not respond to a request for initial consent to evaluate. In the event that a parent whose whereabouts are known does not respond or refuses to sign after 25 days from receipt of referral:**

- The school (or CSE if the student is non-attending, or attending private, parochial, or Charter school) must send notice to the parent informing them that the case will be closed unless consent is provided within the next 5 days.
- If the parent still does not respond or refuses to consent within 5 days, after all outreach activities have been completed, the case should be closed in the computerized system and the **Notice of Withdrawal from the Evaluation Process - Initial Referrals Form** sent to the parent and the principal.
- If the principal wishes to proceed with the evaluations, the principal must request an impartial hearing through the Integrated Service Center. All documentation (e.g. copies of appointment letters, copies of contact sheet documenting outreach, etc.) and a copy of the **Notice of Withdrawal from the Evaluation Process - Initial Referrals Form** is submitted to the Committee on Special Education Office and placed in the student's official CSE file.

If after giving consent, the parent subsequently withdraws that consent in writing, the steps described above must be taken.

**Please Note:**

- All outreach activities as defined in Section 1 of this document must be tracked in the student contact sheet and filed in the student's special education file.
- If the case is closed and the parent contacts the Department at a later date to provide consent to evaluate, the case **must** be immediately re-opened without a written referral and the parent's consent **must** be recorded. The date the parent consent is received by the Chairperson is entered into the computerized tracking system.

**WHEN CONSENT IS REQUIRED FOR NEW ASSESSMENTS AS PART OF A REEVALUATION**

In order to determine whether new assessments as part of a reevaluation, will be conducted and the consent process followed, assessment professionals may consult the Practitioner's Guide located on the DOE website and the guidelines outlined below followed:

- The IEP Team must review existing data (e.g., teacher and related service provider reports, classroom assessments, portfolio assessments, standardized testing, evaluations and information provided by the parent). On the basis of that review and input from the parent(s), the IEP Team then must ascertain whether data is sufficient to determine continued eligibility, special education needs and whether any additions or modifications to the student's services are needed to enable the student to meet the goals on his/her IEP, and to participate as appropriate in general education. Please note that it is not necessary to have a meeting to review the data.
- In order to notify the parent or to request consent, the guardianship of the student must first be verified, or a review of the availability of a previously designated surrogate parent must take place. If the status of the student has changed since the last review, the procedures regarding identification of surrogate parents described in this Section must be followed.
- If it is determined that existing information is sufficient, and no additional assessments (including classroom observations) are required, then the **Notice of No Testing** is sent to the parent. The parent must be informed of the reasons for it, and of their right to request an assessment to determine their child's educational needs or whether the student continues to be a student with a disability.
- The IEP meeting is then scheduled.
- The parent has the right to request specific assessments. If the IEP Team does not agree with the parent's request, they must notify the parent in writing of the reason(s) they do not believe the assessment is necessary and their right to request mediation or an impartial hearing.
- If the IEP Team determines that additional assessments are needed to determine continued eligibility, then the **Consent for Reevaluation** is sent to the parent requesting consent.

**PARENTAL NON-RESPONSE TO REQUEST FOR CONSENT FOR ADDITIONAL ASSESSMENTS TO CONDUCT A REEVALUATION**

- If the parent has not responded within seven (7) calendar days to the **Consent for Reevaluation**, additional outreach activities **must** be initiated.
- The Family Worker assigned to the psychologist or other resources available at the school level will be asked to visit the home, whenever possible.

- All contacts and attempts to contact the parent must be documented on the contact sheet in the student's official special education file. Copies of all letters should be part of the file.
- The IEP Team may proceed with assessments without parental consent if it can be demonstrated that reasonable measures were taken, including the outreach procedures described above, to obtain such consent and the student's parents failed to respond.

### **PARENTAL REFUSAL TO PROVIDE CONSENT FOR ADDITIONAL ASSESSMENTS TO CONDUCT A REEVALUATION**

If the IEP team determines that it cannot proceed without the additional assessments, the case is closed in the computerized tracking system and the **Notice of Withdrawal for Reevaluations** is provided to the parent, the principal, and to the Committee on Special Education Office.

School personnel or the IEP Team at the Committee on Special Education Office, upon receipt of the **Notice of Withdrawal for Reevaluations**:

- Consider alternatives to the reevaluation in consultation with the parent and rescinds the referral; or
- Requests mediation or an impartial hearing to obtain parental consent to proceed with new assessments.

# SECTION 4: ASSESSMENT

## IN THIS SECTION...

- Assessment Process Overview
  - Case Completion for Timeframe for School-Age Students Initially Referred
  - Case Completion Timeframe for Turning-Five Students Initially Referred
  - Case Completion Timeframe for Requested Reevaluations
  - Timeframe to Complete Mandated Three Year Reevaluations
  - Case Closings and Adjustments to the Timeline
  - Assessments Required as Part of the Initial Evaluation
  - Assessments Required for Reevaluations
  - Important Factors in Conducting the Initial Social History
  - Psychoeducational Assessment
  - Speech and Language Assessment
  - Assessment Requirements for Occupational and Physical Therapy
  - Level I Vocational Assessment
  - Classroom Observations
  - Functional Behavioral Assessments
  - Behavior Intervention Plan
  - Assistive Technology Evaluations
  - Translated Tests and the Use of Interpreters
  - Interpretation of Scores
  - Procedures for Obtaining Physical Examinations
  - Vision and Hearing Screenings
  - Determining Language of Assessment
  - Conducting Bilingual Assessments: The Bilingual Cascade
  - Assessment Resources
  - Contracting out for Assessments
  - Requesting an Assessment from an Agency under Contract to the Department
  - Contract Agency Responsibilities
  - Responsibilities upon Receipt of Report
  - Assessment Authorization
  - Completion of Evaluation Reports
  - Requests by Parents for Independent Evaluations at Department Expense
  - Arranging Transportation for Assessments
-

## **ASSESSMENT PROCESS OVERVIEW**

Assessment is the process of gathering and interpreting information about individual students for the purpose of educational decision-making. The assessment process must be guided by a consideration of the strengths which the student brings to the educational environment as well as a consideration of the cultural, linguistic, and family experiences of the student outside the school setting. It should be a comprehensive appraisal of the student within the context of the school, home and community.

After a student is referred to the Committee on Special Education Office, an individualized multidisciplinary assessment is conducted to determine eligibility for special education services. In making this determination, the IEP Team must find that the student has an identified disability based on the criteria for the 13 disabilities described in the Commissioner's Regulations of New York State and, by reason of the disability, requires special education services.

A student **may not** be determined to be a student with a disability if the determining factor is limited English proficiency or the lack of appropriate instruction in reading, including explicit and systematic instruction in phonemic awareness, phonics, vocabulary development, reading fluency (including oral reading skills) and reading comprehension strategies. Additionally, a student **may not** be determined to be a student with a disability if the determining factor is a lack of appropriate instruction in math. Accordingly, when evaluating students who are referred because of demonstrated weaknesses in the areas of math or reading, the IEP Team should review and consider the non-special education instructional interventions that have been and that can be provided to the student in general education.

The evaluation of a student is a collaborative and multifaceted process using a variety of assessment tools and strategies, including information provided by the parent to gather relevant functional and developmental information about the student and information related to enabling the student to participate and progress in the general education curriculum. Testing and other evaluations materials must be selected and administered so as not to be discriminatory on a racial or cultural basis.

For additional information, please consult the Practitioner's Guide which is located on the DOE website.

### **CASE COMPLETION TIMEFRAME FOR SCHOOL-AGE STUDENTS INITIALLY REFERRED**

The mandated timeframe for completing all necessary assessments and convening an IEP Meeting is **60 calendar days** from the receipt of parental consent to evaluate the student. Because the date of consent is the actual date the consent was received by the building administrator or Committee on Special Education Office, (whichever is earlier), it is essential that the date of receipt be carefully noted and recorded. If the student is found to be a student with a disability, services must be arranged within **60 school days** from the date of consent.

### **CASE COMPLETION TIMEFRAME FOR TURNING-FIVE STUDENTS INITIALLY REFERRED**

A turning-five student is a student who will be turning 5 years of age by December 31st of the following school year. The timeframe for initial referral completion for students becoming school-age in September who were never classified as a student with a disability by the Committee on Preschool Special Education must be completed in accordance with the timelines indicated under "The Referrals for Preschool Students with a Disability Transitioning to School-Age special Education Programs" in Section 3.

## **CASE COMPLETION TIMEFRAME FOR REQUESTED REEVALUATIONS**

When a reevaluation is requested, the mandated timeframe for completing all necessary assessments, recommending appropriate services, and arranging for the provision of all services (including transportation) is within **60 school days** of the receipt of referral for a review.

**Please Note:** To the extent possible and appropriate, an IEP Team meeting that is part of reevaluation should be consolidated with other IEP Team meetings.

## **TIMEFRAME TO COMPLETE MANDATED THREE YEAR REEVALUATIONS**

The mandated timeframe for completing all necessary assessments, determining continued eligibility, and recommending appropriate services, if required, is three years from the date of the IEP of the last evaluation/reevaluation. If it is recommended that the student's primary special education program is changed, arrangement for services must be made within 30 school days from the date of the IEP meeting.

## **CASE CLOSINGS AND ADJUSTMENTS TO THE TIMELINE**

Cases may be closed in the evaluation process for the following reasons:

- The parent of a student repeatedly fails or refuses to produce the student for the evaluation
- The parent refuses to consent or respond (initials or requested reevaluations only; mandated three year reviews may not be closed)
- The student moves out of New York City
- The principal and parent agree to withdraw the referral
- The referral is withdrawn by the referring party

The Case will **not be considered out of compliance** if the parent requests an independent evaluation which is completed beyond the compliance timeline.

All of the above circumstances must be fully documented in writing in the student contact sheet and filed in the student's special education file.

**Please Note:** For students moving from a New York City "district" to another New York City "district" (e.g., parent moves from District 1 to District 10) while in the process of being evaluated and/or placed, the case is continued in the new "district." The case is NOT closed and re-opened. The case remains open.

## **ASSESSMENTS REQUIRED AS PART OF THE INITIAL EVALUATION**

As part of the initial evaluation, the IEP Team will review existing student information, including any evaluations and information provided by the parents of the student, current classroom-based, State and local assessments and observations by teachers, related service providers, and other school staff. This review does not require a meeting of the team. On the basis of that review, the IEP Team will identify what additional data, if any, is needed to determine:

- Whether the student has a particular category of disability
- The present levels of performance and educational needs of the student
- Whether the student needs special education services

At a minimum, an initial evaluation shall include, at no cost to the parent:

- A physical examination
- An individual psychological/psychoeducational evaluation, except when a school psychologist determines after an assessment of a school-age student that further evaluation is unnecessary (whenever a school psychologist determines that for an initial evaluation a psychological evaluation is unnecessary, the psychologist shall prepare a written report of such assessment, including a statement of the reasons such evaluation is unnecessary)
- A social history
- An observation(s) of the student in the current educational setting and
- Other appropriate assessments (e.g. speech and language, functional behavioral assessments for a student whose behavior impedes his or her learning or that of others, etc.) as necessary to ascertain the physical, mental, behavioral and emotional factors which contribute to the suspected disabilities
- For students age 12 and older, an assessment that includes a review of school records and teacher assessments and parent and student interviews to determine vocational skills, aptitudes and interests. The **Department of Education Vocational Assessment Interview Form** is used for this purpose

### **ASSESSMENTS REQUIRED FOR REEVALUATIONS**

A reevaluation is the opportunity to assess the student's individual needs and the continued appropriateness of the special education services that have been provided to the student. When a student is referred for a reevaluation of his/her current program or comes due for a mandated three year reevaluation of his/her special education program, the team must determine on an individual basis whether any new assessments are necessary.

The IEP Team will review existing evaluation data, including any evaluations and information provided by the parent(s), current classroom based assessments and observations, past IEP reports, progress reports, results of district and state assessments, and observations and reports by service providers to determine if any new assessments are necessary.

Teams must ensure that students age 12 have a vocational assessment that includes a review of school records and teacher assessments and parent and student interviews to determine vocational skills, aptitudes, and interests using the Department of Education's vocational assessment interview forms.

A functional behavioral assessment must be conducted or reviewed if the student's behavior impedes his or her learning or that of others.

If it is determined that existing evaluations, reports and classroom observations are appropriate to meet the requirement for the reevaluation, then **no additional** assessments, including formal testing, would need to be conducted. In this case, the parent must be notified that no new testing will be conducted and the reasons for the determination. If the parent of the student requests a new assessment, the psychologist must ensure that it is conducted. When it has been determined that additional information is required through an individual evaluation, the assessment professional will choose assessment methods and strategies tailored to address the specific problems raised in the referral. In many instances the review of existing information with no new testing will provide all the information necessary to answer the referral question and to develop an IEP for the student.

## **IMPORTANT FACTORS IN CONDUCTING THE INITIAL SOCIAL HISTORY**

The use of an historical approach and the background data obtained through the social history provide a longitudinal perspective on the student's development, changes in skill level, family conditions, and information regarding prior intervention strategies. Valuable information regarding the student's performance at home (i.e., what the student has done, what s/he can do and what kinds of strategies have been successful in the past) can be obtained from the parent. In addition, the social worker can clarify the family's beliefs, attitudes and expectations for their child.

In addition, for linguistically and culturally diverse students, the social history should also provide information regarding: the family's pattern of contact with the native country or home community; the family's and the student's adjustment and assimilation to American culture and the New York City school environment; and patterns of language usage at home and in their community.

The social worker should refer families to appropriate community resources and provide short-term crisis intervention when necessary. There is often a significant impact on school performance due to conditions in the student's home environment or community. In many instances parents may not volunteer this information. The social worker should be able to detect subtle signs of familial stress, as well as existing or possible sources of support, both of which may be helpful in determining whether and which types of service will be most effective.

The social worker plays an important role in encouraging parent participation in the educational planning process. The initial social history and subsequent planning conference lays the foundation for the parent's relationship with the special education process and participation in his/her child's educational program. Through ongoing support and education, the social worker can help ensure that the parents and student receive all required services, and help the family to understand and to implement the student's IEP within the home environment.

## **PSYCHOEDUCATIONAL ASSESSMENT**

The purpose of a psychoeducational assessment is to explore and systematically study aspects of the student's academic skill development, intellectual functioning, strengths and weaknesses in cognitive/learning processes and social/adaptive functioning. Included in this assessment are the student's aptitudes for learning, academic functioning, social skills, self-help skills, physical and motor development, personality and emotional functioning.

The school psychologist works with school-aged children and their families, with a particular focus on performance in school. School psychologists have a broad knowledge and skill base related to the application of psychology to education-related problems involving teaching and learning. In this sense, they are in a unique position as a link between psychology and education. The aim of psychoeducational assessment is to discover and describe how best to help students learn.

This aim is accomplished through the systematic gathering of data through a variety of sources and methods including: review of student records and current classroom based assessments and observations of behavior in classroom and testing settings, interviews with the student and school staff regarding the student's functioning, consultation with parents, and the use of tests. Tests provide important information through scores, the content or themes of responses, the quality of verbal responses, which reflect attitudes and feelings, and the interpersonal relationship between the examiner and the student. The results of this data gathering process must be analyzed and integrated into a report which presents

a comprehensive and meaningful description of the student's way of thinking, feeling and acting in a format and presentation that can be used by instructional staff.

The psychoeducational assessment contributes information about processes which affect learning, thinking, and behavior, and thereby provides a basis for designing an educational plan that builds on the student's strengths and helps to overcome weaknesses. The psychoeducational assessment is also important in the prevention of educational, behavioral, and social/emotional difficulties through the early identification of the special needs of a student.

### **SPEECH AND LANGUAGE ASSESSMENT**

The goal of speech and language assessment is to provide a description of a student's communicative competence, meaning the student's ability to comprehend, express and exchange information and the impact of those abilities on skill acquisition. A speech and language assessment should be considered when a teacher, parent or other school professional notices difficulties in the student's pattern of communication.

Linguistically and culturally diverse students may not have a dominant language, but may use a mixed linguistic system. The assessment must explore a student's performance using all the communication strategies with which the student is familiar. Social and cultural factors must be considered in conducting the assessment.

### **ASSESSMENT REQUIREMENTS FOR OCCUPATIONAL THERAPY/PHYSICAL THERAPY**

When the IEP Team initially recommends a student to receive occupational or physical therapy, an assessment by an appropriate professional must be conducted. Please note that a physician's prescription is not needed to conduct an assessment, but is required in order to make a recommendation.

### **LEVEL I VOCATIONAL ASSESSMENT**

The vocational assessment is a critical and integral component of educational planning for all students with disabilities. It is **required** for all initially referred students age 12 or older and must be part of the information considered at the review of an IEP for all students receiving special education services who will turn twelve by the end of December in that school year.

A vocational assessment incorporates information gathered from the student, parent(s), and teacher(s) utilizing the Department of Education Vocational Assessment Interview forms, and a review of school records to determine vocational skills, aptitudes, and interests.

### **CLASSROOM OBSERVATIONS**

For initial referrals at least one observation of the student in his/her current primary education setting must be conducted.

Any member of the IEP Team may conduct the classroom observation, including the School Psychologist, the Social Worker, or the IEP teacher. The team will decide which team member(s) will conduct the classroom observation(s) for each student based on the nature of the student's presentation.

The classroom observation should include a comparison of the target student with other students in the same instructional group or in other relevant settings, teacher-student interactions, patterns of language usage in bilingual/ESL classes, and other issues of relevance to the particular student.

The above activities provide a varied database from which to begin to make decisions. These are also the kind of data sources that provide a comprehensive picture of the abilities of linguistically and culturally diverse students and the impact of social and cultural factors which affect performance in an educational setting.

### **FUNCTIONAL BEHAVIORAL ASSESSMENTS**

A functional behavioral assessment must be conducted for any student whose behavior impedes his or her learning, or that of others, and for certain students subject to discipline outlined in Section 10. The results of the functional behavioral assessment are incorporated into a behavioral intervention plan.

As the name implies, functional behavioral assessment is the process of determining the function that a behavior serves for an individual. This is accomplished by careful assessment of the situations that give rise to a behavior, and the consequences that result. Functional behavioral assessments provide information regarding:

- Factors in the environment that are consistently associated with the behavior;
- The function that the behavior is serving in adapting to those environmental factors (escape or avoidance, tangible rewards, attention, communication, etc.); and
- The types of replacement behaviors that could serve the student's needs more appropriately.

A functional behavioral assessment includes these general steps:

- Identification of the specific target behavior
- Definition of the behavior in concrete terms
- Identification of the contextual factors that contribute to the behavior (including aspects of the child's overall development, and affective and cognitive factors)
- Formulation of a hypothesis regarding the general conditions under which a behavior usually occurs and probable consequences that serve to maintain it

This hypothesis predicts the general conditions under which the behavior is most and least likely to occur (antecedents), as well as probable consequences. A functional behavioral assessment might reveal that the function of a behavior is to gain attention, avoid instruction, seek excitement, seek power, seek revenge, establish a sense of self, etc. School personnel must also review the behavior in connection to instruction. Many times, behavior issues are prompted by academic difficulties.

The assessment is generally accomplished by a combination of interviews and direct classroom observation, although inability to directly observe a student does not preclude the development of an FBA.

### **BEHAVIOR INTERVENTION PLAN**

The Behavior Intervention Plan is based on the results of the FBA. It describes the problem behavior, a hypothesis as to why the problem behavior occurs, and intervention strategies to address that behavior.

For additional information regarding the development of the Functional Behavioral Assessment, and the Behavior Intervention Plan, please refer to Functional Assessment and Behavioral Intervention Planning by Sharon Lohrmann, Ph.D, Assistant Professor of Pediatrics, EM Boggs Center, Robert Wood Johnson Medical School. You may also refer to the document, "Creating a Quality IEP." Both documents may be found on the Department's website.

## ASSISTIVE TECHNOLOGY EVALUATIONS

An Assistive Technology evaluation is conducted when the IEP Team has determined that a student may need an Assistive Technology device.



Please note that an exception has been added to the definition of “Assistive Technology Device.” The term now does not include a medical device that is surgically implanted, or the replacement of such device.

In order to make a responsible decision as to the appropriate equipment or materials a student requires, it is important that input is received from each professional working with the student and that supporting medical documentation an/or specialized assessments (Occupational Therapy, Physical Therapy, Speech Therapy, Audiology) are reviewed. Parents and guardians should also share information that they consider relevant to the provision of Assistive Technology to their child.

When an IEP Team determines that a student requires an assistive technology evaluation, an evaluation may be conducted as follows:

- At the school level by an occupational therapist, physical therapist, teacher of speech improvement and/or other knowledgeable school staff
- If due to the complexity of a particular case, no qualified staff within the school/ CSE are available to conduct the assessment, a request may be made from the school/CSE to:
  - The Technology Solutions office for a student who attends a District 75 specialized program or a student who is hearing or vision impaired
  - The Office of Related and Contractual Services (ORCS) Center for Assistive Technology for all other students
  - The **ORCS Center for Assistive Technology Evaluation Referral Form** is completed for requests to ORCS and the District 75 Assistive Technology Equipment Assessment package for requests to the Technology Solutions Office

The assistive technology evaluation team will schedule and conduct the assessment. When the evaluation is completed the team will submit the evaluation report to the requesting party (i.e. school psychologist or Committee on Special Education Office). If the evaluation team determines that assistive technology may be appropriate, they will also submit purchase order information. The IEP Team must be reconvened to review the recommendation and if appropriate to amend the student’s IEP to include assistive technology.

If Department of Education staff is unable to conduct the evaluation in a timely manner, the Integrated Service Center/ Committee on Special Education Office must follow the assessment resource hierarchy by contracting out for the evaluation, or using the Assessment Authorization process.

## TRANSLATED TESTS AND THE USE OF INTERPRETERS

It is often necessary for assessment professionals to use or develop material in languages other than English. In general, it is not good practice to translate standardized assessments into other languages. The translation of a standardized test may change the nature of the task in unintended ways. Some adaptations of tests into other languages may permit the examiner to observe student’s abilities in the behavior being sampled. However, standardized tests that have been translated cannot be interpreted in terms of the standardized scoring.

Students who speak languages other than English or Spanish may need to be assessed with the use of an interpreter due to the unavailability of appropriately certified bilingual psychologists. When using an interpreter, the psychologist must choose or create assessment tasks that will measure more than the student's proficiency in English. Any material to be used with the student should be created and discussed before meeting with the student. Instantaneous translation and interpretation of materials is poor practice and should be avoided. Test scores cannot be reported from an assessment of a student who is an English Language Learner. The interpretation of the student's performance through the use of the interpreter must be qualitative and descriptive.

The assessment professional should meet with the interpreter to discuss the referral questions, the nature of the assessment tasks and the examiner's expectations before meeting the student. The interpreter may interact more with the student than the assessment professional during the course of the evaluation session in order to encourage the use of the native language and put the student at ease. Nonetheless, the assessment professional must discuss all responses with the interpreter after the session and use the interpreter's opinion to help form a professional judgment regarding the abilities of the student in the areas assessed. The final report should describe the student's abilities in both the student's preferred language and English, and indicate the extent to which the interpreter participated in the assessment.

### **INTERPRETATION OF SCORES**

Test scores do not, in and of themselves, define a student's intellectual potential or academic achievement. The score merely describes the student's performance relative to the normative sample on the behaviors sampled in a particular test. The assessment professional is ultimately responsible for describing the student's performance including the meaning of any scores obtained in the assessment process.

Assessment professionals should be careful to treat each score from standardized tests as falling within a confidence interval whose size is determined by the reliability of the test. Thus, a student may score at the 38th percentile on a given test, but this score is more appropriately interpreted, due to the standard error of measure on that test, as likely to fall within a range between the 30th and 48th percentiles with a 68% degree of confidence. This presents a more appropriate description of the student's ability. It also makes a clear statement of our recognition of the inherent limitation in the technology of standardized tests.

Grade (and age) equivalent scores from a standardized test, or tests, should not be reported. Although they are intuitively appealing, they foster a host of misconceptions and should be avoided. A reading test score derived from the sample of reading behaviors on a standardized test may be used to compare a student to other students in that test's normative sample. The use of the score to predict a student's ability to succeed in a given curriculum, however, constitutes an inappropriate generalization of test results, as does the use of the score as a comparison for students who were not represented in the normative sample. The correct scores to report from standardized tests are the percentiles or standard scores that more appropriately describe the student's standing relative to the normative group.

When students differ linguistically or culturally from the normative population used to construct an assessment instrument, only descriptive statements should be made. The process of interpreting assessment results is more difficult and assessment professionals must guard against possible bias in decision-making by adequately considering the distinct situational, cultural or linguistic features that might be affecting the student's current performance. A qualitative, descriptive analysis of the student's performance should be used for decision making.

## **PROCEDURES FOR OBTAINING PHYSICAL EXAMINATIONS**

A physical examination is a required component of the initial evaluation. A physical examination may be conducted by the family's own physician, a school physician, a nurse practitioner, or a physician's assistant. The physical examination must include: a signed statement containing a summary of the results of the examination and, if a disease or medical condition is found, recommendations for exclusion or treatment of the student, or modification of his/her activities, or plans for the health supervision of the student.

Parents will be provided with a copy of the **Request for Physical Examination Form** by the social worker at the social history meeting, and are asked to have it completed by their physician and returned to the social worker.

When parents are unable to comply with providing a physical examination form completed by their doctor, the social worker should request a copy of the student's medical record from the school nurse to see if there is a recent physical examination (a copy of Form 211S may be used). If there is no nurse available in the school, the social worker should contact the appropriate Supervising Nurse. If no physical examination is available, then the following steps are followed:

- The social worker may request records from a clinic if a student is followed at a specific clinic. Consent must be obtained. This must be documented on the contact sheet in the student's official special education file
- The social worker may provide guidance and assistance (including assistance in scheduling appointments) to the parent regarding local clinics or health care agencies. This must be documented on the contact sheet in the student's official special education file.
- The social worker should provide information to the parent regarding Child Health Plus, a state funded insurance plan for children under the age of 15.

## **VISION AND HEARING SCREENINGS**

It is the responsibility of the social worker to ensure that a vision and hearing screening was conducted within one year for all students **initially** referred for special education services. If the results of primary vision and hearing screenings are not available, or if they are older than one year and are not included on the physical examination report, the social worker is responsible for contacting the point person in the school to arrange for the screenings to be conducted.

If the student failed the primary screening for vision and/or hearing, the social worker must ascertain whether a secondary screening was conducted. If the results of the secondary screening are not available, the social worker will ask the parent for a copy of any secondary screening that has been completed or assist the parent in arranging a secondary screening for the student. If the social worker is unable to obtain a secondary hearing screening, the Integrated Service Center will be notified and arrange for one to be conducted by a DOE audiologist.

Once consent is provided for students who:

- Have hearing problems or have failed the secondary hearing screening (mild hearing loss of 25 decibels or greater in either ear), or those for whom there is documentation demonstrating that the student has a possible hearing loss in excess of 40 decibels in the better ear with amplification; or
- Have a visual acuity of 20/70 or greater in the better eye with correction, and those who have degenerative eye disease or significant field loss

Then the IEP Team may determine that professionals with expertise in hearing and vision assessments are needed to complete the assessments, the school psychologist or clerical/family worker will notify the Integrated Service Center, by completing the **School Psychologist Request for Assistance Form and Request for Specialized Evaluations**. The school psychologist maintains responsibility for the case.

### **DETERMINING LANGUAGE OF ASSESSMENT**

General education students attending public school whose home language is not English as determined by the Home Language Identification Survey (HLIS) and who have scored at or below the appropriate cut score (this score is dependent on grade) on the Revised Language Assessment Battery (LAB-R), or have not scored at the appropriate level on the New York State English as a Second Language Achievement Test (NYSESLAT) are considered to be English Language Learners (ELLs).

Students who have been identified as English Language Learners must be initially assessed:

- In both their preferred language and in English
- Using language assessments in both the preferred language and English, where possible, to determine the student's development in all areas including listening, speaking, reading and writing, etc. and
- Using information from parents, bilingual/ESL teachers, bilingual clinicians and others which includes sociocultural information, and academic/educational test data

For students initially referred for evaluation who do not have a Home Language Identification Survey (i.e. students who have not attended a New York City public school), the social worker will administer an HLIS at the social history. Based on the results of the HLIS, a determination will be made whether the student requires a LAB test.

For students initially referred for evaluation, whose results on the Home Language Identification Survey suggest that a LAB-R should have been administered and was not, arrangements must be made for a LAB-R to be administered by the school. For students not attending public school, the LAB-R will be administered by a special education teacher assigned to the Committee on Special Education Office.

**Please Note:** The LAB-R must not be administered to students who are deaf. Under no circumstances should a new LAB be administered to student who has been previously administered the LAB or the LAB-R.

The LAB-R must be scored at the school for students attending public school and at the Committee on Special Education Office for students attending non-public schools. The answer documents must be sent to the Senior Assessment Coordinator at the appropriate ISC to ensure official scanning, scoring and entry into the computerized tracking system.

### **CONDUCTING BILINGUAL ASSESSMENTS: THE BILINGUAL CASCADE**

If a bilingual assessment is required, the Bilingual Cascade must be followed. The Bilingual Cascade outlines a sequential process that ensures that the most appropriate assessment personnel are involved in assessing culturally and linguistically diverse students. The Bilingual Cascade requires a hierarchy of steps be followed in arranging for bilingual assessments and that an assessment by a bilingual assessment professional (Step One) is always preferred to an assessment conducted with the aid of an interpreter (Steps Two through Five). The steps, and sub-steps, of the Bilingual Cascade, arranged in order of priority, are as follows:

## Bilingual Cascade

Step	Resource
1	Bilingual Assessment Personnel Department of Education bilingual assessment personnel (daytime, or per session) Contract Agency bilingual personnel Independent Non-DOE Bilingual Assessment Personnel identified through the Assessment Authorization process
2	Department of Education bilingual teacher serving as a trained interpreter (per session only)
3	Trained Interpreter (College Graduate) Department of Education paraprofessional trained interpreter Contract agency trained interpreter
4	Trained Interpreter (Non-College Graduate) Department of Education paraprofessional trained interpreter Contract agency trained interpreter
5*	Bilingual Community Volunteer serving as an Interpreter*

\*This step should only be taken when there are no other means available. Every effort should be made to develop ties with appropriate resources within the community for the de minimus languages spoken by students in the District. These resources may include the United Nations, consulates, community service agencies, and community volunteers.

An interpreter may not be used for Spanish Assessments.

When a student is in need of a bilingual assessment and there is no qualified professional at the school, the school psychologist or clerical/family worker requests assistance in obtaining a qualified professional from the Integrated Service Center by completing both the **Request for Specialized Evaluation** and the **School Psychologist Request for Assistance** Forms. The school psychologist maintains responsibility for the case.

**Please Note:** The Integrated Service Center should maintain records substantiating the efforts to obtain a clinician in the appropriate language prior to proceeding to Steps 2 through 5.

## ASSESSMENT RESOURCES

In order to ensure that assessments are conducted in a timely manner, the Integrated Service Centers are responsible for considering and utilizing all appropriate assessment resources. It is the responsibility of the school psychologist to notify the Integrated Service Center if there is an assessment that cannot be completed by the staff in the school. It is most appropriate for assessments to be conducted by the professionals assigned to the schools and to the Committee on Special Education Office during the regular workday. There are situations, however, that may require the use of Department of Education staff on a per session basis, or the use of non-Department of Education staff, in order to ensure the timely completion of all assessments. Such situations may include:

- The unavailability of Department of Education staff during the workday
- The need for specialized assessment (e.g., neurological, speech, OT/PT, etc.) for which no appropriate Department of Education staff are available

Resources	Provisions
Department of Education Staff	Daytime or per session
Contracting	Provides for assessments by professionals working for agencies under contract to the Department of Education, in instances where Department of Education staff (daytime and per session) are unavailable.
Assessment Authorization	Authorizes the parent to arrange for an assessment by an appropriately licensed non-Department of Education independent provider, at public expense, in instances when neither Department of Education nor contract agency staff are available.

### **CONTRACTING OUT FOR ASSESSMENTS**

In cases where New York City Department of Education assessment personnel are not available to conduct a required assessment within mandated timelines, the procedures for accessing contract agency staff are followed.

### **REQUESTING AN ASSESSMENT FROM AN AGENCY UNDER CONTRACT TO THE DEPARTMENT**

For non-attending students or students attending parochial, private or a charter school, the Chairperson/designee is authorized to contract out for assessments. For public school students, the Integrated Service Center (ISC) Designee is authorized to contract out for assessments. The **CA-1 Form** is used for this purpose.

The school psychologist/designee in each school is designated to serve as the contact person for contract agency personnel. The role of the contact person is to assist in arranging the date and place for the assessment to take place, securing space for testing, and locating student records when necessary. The school psychologist may consult with the building administrator/designee to discuss space issues.

- Sections A, B, & C of the **CA-1 Form** for each assessment being contracted is completed. The **CA-1 Form**, completed by the Committee on Special Education Office or the ISC, must record all required information and should be grouped by school.
- The **CA-1 Summary Sheet** must also be completed.
- Both forms are forwarded to the Office of Related and Contractual Services for transmittal to the appropriate agency under contract with the Department of Education. The Committee on Special Education Office and ISC must retain copies of all requests made.
- When an assessment is sent to an agency under contract with the Department, the psychologist in the school must be notified and a copy of the **CA-1 Summary Sheet** should be provided.
- The agency under contract to the Department may be asked to conduct a classroom observation, and participate in required IEP meetings or other conferences.
- When an assessment that has been sent to a contract agency is no longer needed, the agency must be immediately notified.
- If an assessment cannot be performed by an agency under contract to the Department, the agency must immediately notify the Office of Related and Contracted Services.

## **CONTRACT AGENCY RESPONSIBILITIES**

Upon receipt of a request to conduct an assessment from the Department of Education, the contract agency does the following:

- Conducts the assessment at the student's school unless another location is approved in advance by the Integrated Service Center or Committee on Special Education Chairperson/designee.
- Evaluates the student, prepares a typewritten report of the assessment and submits a copy to the Integrated Service Center or Committee on Special Education Office within 15 business days of the receipt of request.

**Please Note:** In the event the contractor requests an extension of time to complete an assessment beyond 15 business days, a request for extension must be made in writing to the Integrated Service Center or Committee on Special Education Office utilizing **Contract Agency Request for Extension Form**. The Integrated Service Center or Committee on Special Education Chairperson/designee has sole discretion to grant this exception and indicates this on the **CA-1 Form**.

- Completes Sections E and F of the **CA-1 Form** and forwards the form and the completed report to the Integrated Service Center or Committee on Special Education Office.

Additional Requirements:

- Each report must include an **Affirmation Statement**.
- A speech **Authorization Form** must be included with Speech and Language Evaluations.

## **RESPONSIBILITIES UPON RECEIPT OF REPORT**

Upon receipt of the report and required forms, the Integrated Service Center or Committee on Special Education Office reviews the report to determine acceptability. If the report is acceptable, the Integrated Service Center or the Committee on Special Education Office:

- Completes Section G of the **CA-1 Form**
- Forwards the yellow copy with original signatures to the contract agency
- Retains the pink and blue copies for the record and for payment
- Provides a copy of the report to the school psychologist prior to the IEP meeting

If the report is unacceptable, the Integrated Service Center or Committee on Special Education Office:

- Completes Section G of the **CA-1 Form** by inserting a "D" in the report status box
- Completes the **Memorandum of Disapproval**
- Forwards all copies of the **CA-1 Form**, the unacceptable report and the **Memorandum of Disapproval** to the Office of Related and Contractual Services
- Notifies the school psychologist if it is a public school student

## ASSESSMENT AUTHORIZATION

Evaluations for students in the assessment process are provided via the following three-tier hierarchy:

- By Department of Education staff
- In cases where Department of Education staff are unavailable, evaluations are provided by staff who are employed by agencies under contract to the Department and
- If neither Department nor contract agency staff are available, the parent is authorized to obtain an evaluation from a non-Department of Education independent assessment professional at public expense. This process is called “Assessment Authorization”

For bilingual assessments, assessments and other specialized assessments, when it is determined that neither Department of Education (full-time or per session) nor contract agency staff are available to conduct specific assessments, the parent will be issued an authorization letter to arrange for these assessments with a non-Department of Education independent evaluator. The school/Committee on Special Education Office will assist the parent in attempting to arrange for these services.

Additionally, if any part of a multidisciplinary assessment is not completed within the mandated timeline, the Integrated Service Center or the Committee on Special Education Office sends a written notice called the **AA-1 Assessment Authorization Form** which entitles the parent to obtain an evaluation at public expense. If, however, in the considered opinion of the Integrated Service Center or the Committee on Special Education Chairperson, there has been parental delay, (i.e., the parent refuses to consent for initial evaluations, the student moves out of New York City, the principal and parent agree to withdraw the referral, the referral is withdrawn by the referring party or the parent requests an independent evaluation which is completed beyond the compliance timeline), the Integrated Service Center or the Committee on Special Education Office may refrain from sending the notification letter to the parent for a period of time beyond the original 60th day equal to that attributable to that delay provided the appropriate outreach efforts have been made.

When deemed appropriate by the Integrated Service Center or the Committee on Special Education Chairperson, an Assessment Authorization Form is sent to the parent along with the **AA-2 Form** (student information completed), Question & Answer packet, **AA-3** and **AA-3a Forms** (transportation reimbursement information), **AA-4** (information regarding registry of providers) and the **AA-5 Form** (with maximum rate information). The school/Committee on Special Education office should assist the parent, if necessary, in identifying an independent provider.

Once a provider is identified, the parent must return the **AA-2** (signed by the provider and parent) to the school/Committee on Special Education Office along with the provider’s credentials.

The Integrated Service Center or the Chairperson (or designee) of the Committee on Special Education reviews the provider’s credentials and signs the bottom of the **AA-2 Form** if he/she approves the provider and authorizes the evaluation. The **AA-2 Form** (signed by parent, provider and DOE) is sent to the provider along with the **AA-6** (approval letter), the **AA-7** (billing instructions), and **AA-8** and **AA-9 Forms** (sample invoice and provider attestation).

**Please Note:** Providers should not perform evaluations until they receive a signed AA-2 form and the AA-6 approval letter and billing instructions.

The provider then performs the evaluation and sends the **AA-2 Form**, the evaluation report, and the invoice to the Integrated Service Center. or the Committee on Special Education. If they are satisfied with the evaluation report they send the **AA-2 Form** and the invoice to Bureau of Non-Public School Payables for payment.

### **COMPLETION OF EVALUATION REPORTS**

Reports should be written in descriptive language that can be readily understood by parents, teachers and other users of the information. Assessment reports should indicate, at a minimum:

- The reason for referral
- A description of the assessment methods selected including both formal and informal approaches used
- The assessment findings including a description of the student's strengths and deficits in the areas assessed and
- A discussion of the student's educational needs that can be translated into IEP goals.

In addition to the above, reports of bilingual assessments should include:

- A description of the extent to which the Home Language and English were used during the evaluation
- The impact of cultural issues on the student's performance
- A description of the utilization of the interpreter/translator (if one was used), including the briefing/assessment/debriefing process and
- a recommendation for languages(s) of instruction

The assessment report should:

- Describe the student's ability to meet New York State Performance Standards; and
- Provide information for school staff to modify/adapt the curriculum in general education in order for the student to meet academic standards.

For initial referrals where it was determined that a complete psychological was unnecessary, the psychologist must prepare a written report documenting the approaches used with the student and a statement of the reason no further evaluation was deemed necessary.

When an assessment professional completes the evaluation and the report, s/he is required to complete a report of their findings and an **Exam Completion Form** for data entry into the computerized tracking system.

### **REQUESTS BY PARENTS FOR INDEPENDENT EVALUATIONS AT DEPARTMENT EXPENSE**

The parent has a right to request an independent evaluation at public expense **if the parent disagrees with an evaluation conducted or obtained by the school/Committee on Special Education Office**. Such a request must be made in writing by the parent to the Committee on Special Education Office for non-attending students and students attending private, charter and parochial school, and to the student's school for public school students. Please note schools should consult with the Integrated Service Center on requests for independent evaluations.

The school/Committee on Special Education Office may ask for the parent's reason why he or she objects to the public evaluation, and then must either authorize an independent evaluation at public expense or request an impartial hearing to defend the public evaluation, or in cases the parent has already obtained an independent evaluation, show that the evaluation obtained by the parent is inappropriate and does not meet the Department's criteria. The IEP Team may not unreasonably delay (i.e., not longer than 30 days) either authorizing the independent evaluation at public expense or initiating an impartial hearing to defend the public evaluation.

If the Committee on Special Education Office, or the school in consultation with the Integrated Service Center determines, or an impartial hearing officer orders, that the parent shall have an independent evaluation at public expense, the Integrated Service Center or Committee on Special Education Office will send the parent the Assessment Authorization letter which provides the parent with information regarding where an independent evaluation may be obtained, the qualifications required for persons conducting the evaluation, and the maximum rate the Department will pay for an evaluation.

If, after an impartial hearing, the impartial hearing officer determines that the IEP Team's evaluation is appropriate, or that the evaluation obtained by the parent did not meet the Department's criteria, then the parent has a right to an independent evaluation, but not at public expense.

The results of any independent evaluation obtained by the parent must be considered by the IEP Team in any decisions made with respect to FAPE and may be presented as evidence at an impartial hearing.

### **ARRANGING TRANSPORTATION FOR ASSESSMENTS**

Generally, any required assessments will be conducted at the school where the student attends. However, in rare instances, a student whose parent is unable to transport their child to an evaluation site may receive the assessment at the Committee on Special Education Office or other mutually agreeable site. In these cases, for non-attending students, and students attending private, parochial or charter schools, the Committee on Special Education Office (or for public school students, the ISC) should arrange for transportation for the student and the parent by:

- Providing a Metrocard to the parent
- Reimbursing the parent for a taxi/car service
- Arranging for a car service

# SECTION 5: PREPARING FOR THE IEP MEETING

## IN THIS SECTION...

- Introduction
  - IEP Team Participants
  - The Special Education Teacher
  - The General Education Teacher
  - The Parent
  - The Student
  - The District Representative
  - The School Psychologist
  - The School Social Worker
  - The Parent Member
  - The School Physician
  - Individual to Interpret Instructional Implications
  - The Related Service Provider
  - Additional Members
  - Determining IEP Team Composition for the Initial IEP Team Meeting
  - Determining IEP Composition for Students Previously Classified
  - IEP Team Mandated Member Excusal
  - IEP Team Member Excusal: Member's Area of Curriculum or Related Services Will Not be Discussed
  - IEP Team Member Excusal: Member's Area of Curriculum or Related Services Will be Discussed
  - Amending the IEP After Annual Review
  - Preparation for Mandated Three-year Reevaluation and Requested Reevaluation
  - Tape Recording of the IEP Meeting
  - IEP Team Preparation for the IEP Meeting
  - Scheduling the IEP Meeting with Parents
  - Developing an Agenda for the IEP Meeting
  - Planning for an Annual Review IEP Meeting
  - Transmitting the IEP to the Committee on Special Education Office
  - Arranging the Annual Review IEP Meeting
-

## INTRODUCTION

This Section provides information regarding mandated membership and participation at the IEP Meeting, the scheduling and coordination of the meeting and administrative considerations for planning the IEP Meeting itself. Sections 6-8 provide additional information regarding considerations and actions that the IEP teams take during the IEP Meeting, as well as issues to be addressed following the development of the student's IEP.

## IEP TEAM PARTICIPANTS

### Requirements and Roles for IEP Team Members

The IEP document is a collaboratively developed plan based on information provided by parents, assessment professionals, instructional personnel, related service providers and, when appropriate, the student. The group responsible for developing the IEP is known as the IEP Team. In New York City, an IEP Team may be located at the student's public school, or in a Committee on Special Education Office.

### IEP Teams Located at the Committee on Special Education Office

The IEP Teams located at the Committee on Special Education Office and directed by the Chairperson are responsible for several groups of students. These IEP Teams are responsible for all students age 5 to 21 years of age who attend a school within the geographic boundaries of the districts served by the CSE office that is a:

- Private school
- Parochial school
- Charter school
- State approved Non-Public School (regardless of home address)

The IEP Teams located at the Committee on Special Education Offices are also responsible for students who **reside** within the geographic boundaries of the districts served by the CSE office and who are:

- Students attending non-public Schools outside of New York City and New York State
- Students who receive home instruction
- Students who are non-attending

New York State refers to IEP Teams as Committees on Special Education (Full Committees), or Subcommittees of the Committee on Special Education (Subcommittees). Membership requirements differ based on whether the IEP is a Full Committee or a Subcommittee. The parent may request a meeting of the Full Committee. (For more information, please refer to "Resolving Conflicts," in Section 6.)

The chart on the following page summarizes the required participants at IEP Meetings:

	SUBCOMMITTEE			FULL COMMITTEE
	Annual Review	Initial	Reevaluation	
<b>Special Education Teacher/Related Service Provider*</b>	must attend	must attend	must attend	must attend
<b>General Education Teacher, if applicable</b>	must attend	must attend	must attend	must attend
<b>Parent</b>	must attend	must attend	must attend	must attend
<b>Student, as appropriate</b>	must attend	must attend	must attend	must attend
<b>District Representative</b>	must attend	must attend	must attend	must attend
<b>School Psychologist</b>	not required	must attend	must attend	must attend
<b>School Social Worker</b>	not required	see below	see below	see below
<b>Parent Member</b>	not required	not required	not required	see below
<b>Physician</b>	not required	not required	not required	see below

\*When the student's only special education service is a related service, the related service provider participates as the student's special education service provider.

### **THE SPECIAL EDUCATION TEACHER**

At least one special education teacher of the student must participate in the IEP Team meeting. For a student who is being considered for initial placement in special education, a teacher qualified to provide special education in the type of program in which the student may be placed may serve as the student's special education teacher.

### **THE GENERAL EDUCATION TEACHER**

At least one general education teacher must be a member of the IEP Team if the student is, or may be participating in the general education environment.

The general education teacher is expected to present information about the student's performance in the general education class and to help the IEP Team make decisions about participation in the general education curriculum and other school activities. The general education teacher of the student with a disability must, to the extent appropriate, participate in the development, review and revision of a student's IEP, including assisting in the determination of appropriate positive behavioral interventions and strategies for the student and supplementary aids and services, program modifications or supports for school personnel that will be provided for the student. The goal is to provide the general education teacher with an opportunity for meaningful participation while minimizing the impact on the teacher's other instructional responsibilities.

Keeping in mind that the participating general education teacher must be the student's teacher if the student is currently attending one or more general education classes, general education teacher selection should proceed as follows:

- For students participating in general education classes with supplementary aids and services (i.e., Related Services, Special Education Teacher Support Services, Collaborative Team Teaching) full-time or part-time or who are mainstreamed, the general education teacher or the preschool teacher who attends the IEP meeting must be the student's general education or preschool teacher.
- For students not participating in general education classes with supplementary aids and services or who are not mainstreamed, the general education teacher

or the preschool teacher must be one who is likely to provide general education or preschool instruction for the disabled student being considered for participation in general education classes or participation in age appropriate activities. For preschool students, the general education teacher is an individual qualified by the State Education Department to teach a student of the same age.

- For students who have more than one general education teacher, only one of the student's teachers must attend the meeting. Input from all the student's teachers who will not be attending should be obtained and presented at the meeting.
- For students attending non-public school programs and who are participating in general education classes with supplementary aids and services or who are mainstreamed, the student's general education teacher must be invited to participate at the IEP meeting. If the student's general education teacher is unable to participate, the IEP Team must identify a general education teacher to participate at the IEP meeting. The general education teacher identified must have knowledge of curricular adaptations and the range of available general and special education supports and services appropriate to the age and grade level of the student.



**If the student has several teachers, must they all attend?** No, only one of the student's general education and special education teachers must attend. However, it is good practice to encourage all of the student's teachers to provide relevant information regarding the student's functioning, performance, and behavior for use at the IEP Meeting.

## THE PARENT

In New York State parents have long participated in making eligibility and placement decisions about students with disabilities. Under the IDEIA parents must be informed of and provide written consent to initial referrals and new assessments as part of a reevaluation; have their concerns about the education of their child considered during the evaluation; be part of the group that reviews existing evaluation data during any evaluation or re-evaluation of their child and understand the results of evaluations. Additionally, if the IEP Team determines that no additional data is needed to determine continuing eligibility, parents must receive notice of that determination with a statement of the reasons for that decision. Parents have the right to request additional assessments if they disagree with the IEP Team decision. Upon request, parents have the right to be provided with the student's IEP, assessments and evaluations and due process notices in their preferred language or mode of communication. Additionally, parents should be provided with all assessment and evaluations before the IEP Team meeting.

The parent must be invited to participate and efforts must be made to select a mutually agreeable date for the IEP meeting; however, the meeting may proceed without the parent provided that documented appropriate outreach was conducted and attempts were made to arrange a mutually agreed upon date and time for the meeting. If the parents indicate that they will be unable to attend and cannot reschedule, they will be informed that they may participate via telephone conference.

Outreach is defined as:

- At least two attempts at telephone contact at different times of the school day, if the parent has a telephone and
- A follow-up letter sent to the parent by mail, and sent home with the student if the parent does not have a telephone

All contacts with and attempts to contact the parent (including copies of all letters) and the reason for the rescheduled appointment, must be documented on the student contact sheet in the student's special education file.

## **THE STUDENT**

The student may participate when appropriate. Students 14 or older must be invited to participate in IEP meetings where transition planning is or will be part of the IEP.

## **THE DISTRICT REPRESENTATIVE**

The District Representative is a representative of the school district who is:

- Qualified to provide or supervise the provision of special education and
- Knowledgeable about the general education curriculum and
- Knowledgeable about the availability of district resources

In addition to meeting the qualifications listed above, the district representative will:

- Chair the IEP meeting
- Facilitate open discussion among all participants regarding issues related to eligibility for services and development or revision of the IEP
- Ensure parents are meaningful participants in the IEP process and encourage them to discuss their concerns about the child's education
- Provide information regarding the continuum of services, including supports and services available in the child's current school and those which are available in other schools in the district
- Explain how the law requires children with disabilities to be educated with nondisabled children to the maximum extent appropriate and that the team must consider whether the child can make satisfactory progress in the general education setting with supplementary aids and services before recommending other programs
- Ensure all program and service options are considered
- Build consensus among team members on all issues before the team
- Ensure that the child's IEP includes the supports, services and accommodations the child needs to meet their IEP goals, and provides the child with the opportunity to progress in the grade level curriculum and on New York State and district assessments as appropriate
- In the event that consensus cannot be reached regarding program and service recommendation for a student who is already receiving special education services, ensure that parents are fully informed of their due process rights

The Principal will designate the individual who will serve as the district representative for IEP Meetings held at the school. The Committee on Special Education Chairperson will designate who will serve as the district representative for IEP Meetings held at the Committee on Special Education Office.

The person serving as the district representative may also fulfill the role of another person on the IEP Team (e.g. school psychologist, special education teacher) if they meet all the requirements. In addition, the role of the district representative may also be filled by the Principal, Assistant Principal, Supervisor of Psychologists, Supervisor of Speech Improvement, Administrator of Special Education or Committee on Special Education Chairperson.

### **THE SCHOOL PSYCHOLOGIST**

The school psychologist must participate in subcommittee meetings whenever a new psychological evaluation is reviewed, or a change to a service option with a more intensive staff/student ratio is considered.

The school psychologist must participate in all Full Committee reviews.

### **THE SCHOOL SOCIAL WORKER**

The school social worker may participate in a Subcommittee or Full Committee IEP Meeting if he/she is involved in any aspect of the evaluation process.

### **THE PARENT MEMBER**

The parent member must participate in all Full Committee Reviews. The IEP Team must inform the parent(s) of his/her right to have a parent member participate at the IEP Meeting itself. Parents must also be informed of their right to decline the participation of the parent member. If the parent opts to decline his/her right for the participation of a parent member, this must be documented in writing in the student's special education file.

### **THE SCHOOL PHYSICIAN**

A school physician is also a required participant if the parent, member of the school, or IEP Team member at the school/Committee on Special Education Office makes a request for a physician to attend at least seventy-two (72) hours prior to the IEP meeting. Schools should contact the Integrated Service Center to request a school physician to attend an IEP Team meeting.

### **INDIVIDUAL TO INTERPRET INSTRUCTIONAL IMPLICATIONS**

The individual who interprets the instructional implications of the evaluation results may also be a member of the IEP Team who is also fulfilling another role. The individual who interprets the instructional implications must be able to talk about how the evaluation results will impact on the instruction provided to the student and assist the team in determining what instructional modifications, strategies or interventions may be required. This role can be filled by the special or general education teacher, the district representative, or the school psychologist.

### **THE RELATED SERVICE PROVIDER**

When the student's only special education service is a related service, the related service provider participates as the student's special education service provider. If the "related services only" student is served by a non-Department of Education employee (e.g., contractor, independent provider, etc.), the school psychologist is responsible for conducting the Annual Review with all required participants. The principal or designee should provide the names of students who fall into this category to the school psychologist.

If the Related Service Provider cannot attend the meeting, s/he must submit a progress report indicating the student's current level of performance, progress toward meeting the related service annual goals, proposed annual goals (and short-term objectives if applicable) and recommendations for continuation or termination of the services and changes in frequency, duration, group size, and language. Related Service providers must be given notice of the need for a progress report at least 15 days in advance of the upcoming review. If modifications of related service recommendations are being considered, all attempts should be made to ensure the participation of the Related Service provider.

## ADDITIONAL MEMBERS

An interpreter is required to attend the IEP Team meeting if the parent's preferred language or mode of communication is other than English.

The following individuals may also be invited to participate in IEP meetings:

- Any school personnel with contributions to make to the decision making process
- At the discretion of the parent or the district, any individual with special expertise or knowledge of the student
- Assessment professionals or service providers involved in conducting the assessment or providing service to the student who are not employed by the Department of Education
- If a purpose of the IEP meeting is to consider the need for transition services, the student and a representative of the agencies likely to be responsible for providing or paying for transition services **must** be invited. If the student does not attend, the team must ensure that the student's preferences and interests are considered. If an agency invited to send a representative to a meeting does not do so, steps to involve the agency in the planning of any transition services must be taken
- If the students whose vision or hearing loss require additional consideration, a teacher of the Deaf and Hearing Impaired and/or Teacher of the Blind or Partially Sighted must attend the IEP meeting

## DETERMINING IEP TEAM COMPOSITION FOR THE INITIAL IEP TEAM MEETING

All initial cases culminate with an IEP Team Meeting configured as a Subcommittee or Full Committee. For students attending public school, both types of meetings are held at the school the student attends and are arranged and conducted by the school psychologist.

For non-attending students and students attending non-public schools and charter schools, the IEP Team staff assigned to Committee on Special Education Office arranges and conducts the meeting. Every effort should be made to hold the meeting at the school the student attends to facilitate the attendance of the student's teachers.

A Subcommittee may make all decisions for initial cases **except** for the following, which require a meeting of the Full Committee.

- Special Class (full-time or part-time)
- Special Class in a Specialized Public School (D. 75)
- Defer to CBST for Assistance
- Home Instruction



For initial referrals of students who are English Language Learners one professional team member must be bilingual.

## DETERMINING IEP TEAM COMPOSITION FOR STUDENTS PREVIOUSLY CLASSIFIED

The chart below delineates the type of IEP meeting that is required for a student previously classified with a disability:

<b>Current Service</b>	<b>Subcommittee</b> The psychologist is only required for services with an asterisk (*) The Parent Member is not required	<b>Full Committee</b> The psychologist is always required The Parent Member is always required
General Education with Related Service(s) Only	<ul style="list-style-type: none"> <li>• Declassification*</li> <li>• Special Education Teacher Support Services*</li> <li>• Collaborative Team Teaching *</li> </ul>	<ul style="list-style-type: none"> <li>• Special Class in a CSD/HS</li> <li>• Special Class in a Specialized School (D. 75)</li> <li>• Defer to CBST</li> <li>• Home Instruction</li> </ul>
Special Education Teacher Support Services	<ul style="list-style-type: none"> <li>• Related Service(s) Only</li> <li>• Declassification*</li> <li>• Collaborative Team Teaching</li> </ul>	<ul style="list-style-type: none"> <li>• Special Class in a CSD/HS</li> <li>• Special Class in a Specialized School (D. 75)</li> <li>• Defer to CBST</li> <li>• Home Instruction</li> </ul>
Collaborative Team Teaching	<ul style="list-style-type: none"> <li>• Related Service(s) Only</li> <li>• Special Education Teacher Support Services</li> <li>• Declassification*</li> </ul>	<ul style="list-style-type: none"> <li>• Special Class in a CSD/HS</li> <li>• Special Class in a Specialized School (D. 75)</li> <li>• Defer to CBST</li> <li>• Home Instruction</li> </ul>
Special Class in a CSD/HS	<ul style="list-style-type: none"> <li>• Related Service(s) Only</li> <li>• Special Education Teacher Support Services</li> <li>• Collaborative Team Teaching</li> <li>• Special Class with less intensive staffing ratio if it exists in the current school</li> <li>• Change in staffing ratio from 12:1 to 15:1 for students articulating to a special class in high school</li> <li>• Declassification*</li> <li>• Special Class with more intensive staffing ratio if it exists in the current school*</li> </ul>	<ul style="list-style-type: none"> <li>• Special Class with a different staffing ratio in a CSD/HS if it does not exist in the current school</li> <li>• Special Class in a Specialized School (D. 75)</li> <li>• Defer to CBST</li> <li>• Home Instruction</li> </ul>
Special Class in a Specialized School (D. 75)	<ul style="list-style-type: none"> <li>• Special Class in a specialized school with less intensive staffing ratio if it exists in the current D75 site</li> <li>• Declassification*</li> <li>• Related Service(s) Only*</li> <li>• Special Class in a specialized school with a more intensive staffing ratio if it exists in the current D. 75 site*</li> <li>• Special Education Teacher Support Services*</li> <li>• Collaborative Team Teaching*</li> </ul>	<ul style="list-style-type: none"> <li>• Special Class in a CSD/HS</li> <li>• Special Class in a specialized school with a different staffing ratio if it does not exist in the current D.75 site</li> <li>• Home Instruction</li> <li>• Defer to CBST</li> </ul>

All changes to recommended special education services that do not involve the movement of a student through the continuum can be made by the Subcommittee on Special Education. **The following decisions, however, must include the psychologist as a member of the Subcommittee on Special Education:**

- Initiation of related service
- Initiation of classroom paraprofessional support
- Change of test category to participation in the State Alternate Assessment
- Initiation of door-to-door specialized transportation
- Specification regarding whether counseling should be provided by a social worker/psychologist
- Initial recommendation of ESL Only or no bilingual services for students scoring at or below the cut score on the LAB/NYSELAT
- Recommendation of 12-month school year for students with disabilities not attending a specialized school, State Approved Non-Public School, or receiving Home Instruction
- Initiation of Assistive Technology for high tech devices (e.g., computers, augmentative communication devices, etc.)
- Initiation of an Awaiting Placement Paraprofessional



For reevaluations, one professional team member must be bilingual if there is a consideration of a change in the language of instruction for a student with a disability who has not scored at the appropriate level on the LAB-R or NYSESLAT. The professional team member may be:

- a bilingual social worker
- a bilingual special education teacher
- a bilingual general education teacher
- a bilingual speech teacher
- a bilingual guidance counselor

### **IEP TEAM MANDATED MEMBER EXCUSAL**



The following two subheadings provide information regarding when a mandated IEP Team Member may be excused from IEP Team meetings. This provision provides additional flexibility to parents in scheduling IEP team meetings when a mandated IEP team member cannot attend, or when a parent is requesting that a mandated IEP Team member not attend.

A school may not routinely or unilaterally excuse IEP Team members from attending IEP Team meetings as parent agreement or consent is required in each instance. Schools should carefully consider, based on the individual needs of the child and the issues that need to be addressed at the IEP Team meeting whether it makes sense to offer to hold the IEP Team meeting without a particular IEP Team member in attendance or whether it would be better to reschedule the meeting so that person could attend and participate in the discussion.



### **IEP TEAM MEMBER EXCUSAL: MEMBER'S AREA OF CURRICULUM OR RELATED SERVICES WILL NOT BE DISCUSSED**

A mandated member of an IEP Team would not need to attend an IEP Meeting that is not an initial, in whole or part, if the parent and school district representative agree, in writing, that the member's attendance is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting. In order to excuse a member, the procedures outlined below must be followed.

The principal or designee (or, if the student is not a New York City public school student, the Chairperson or designee) must indicate this request in writing on the **Notice of IEP Meeting/Member Excusal Request Form**. If the parent agrees to the member excusal, s/he must sign where indicated on the **Notice of IEP Meeting/Member Excusal Request Form**, and return the Form to the contact person indicated. If the parent does not agree in writing, or does not respond, the member may not be excused from the meeting. The request must be made by the principal or designee at least **five days prior to the IEP Meeting date**.

While the parent must be provided with the request at least five calendar days prior to the meeting date in order to afford them a reasonable time to review and consider the request, it is advisable to request agreement for excusal earlier. This helps to ensure efficiency in scheduling, as a member **must** be present if a parent does not agree to the excusal, and the DOE is still required to meet all timelines even where a meeting must be rescheduled due to a parent's refusal to agree to a team member's absence.

The parent may also choose to make a request that an IEP Team member be excused from participating in a meeting where the member's area of curriculum or related services is not being modified or discussed. The Parent must indicate this on the **Notice of IEP Meeting/Member Excusal Request Form**. If the DOE agrees to the parent's request, the member will not attend.

The parent retains the right to request and/or agree with the request to excuse a member any time, including where the member is unable to attend the meeting because of an emergency or unavoidable scheduling conflict. Staff must document the emergency or unavoidable scheduling conflict which led to excusal request on the **Student Contact Sheet** in the student's special education file.

Requests for mandated IEP Team member excusal may not be made for the parent, parent member, or the student, if the student is invited to attend.



### **IEP TEAM MEMBER EXCUSAL: MEMBER'S AREA OF CURRICULUM OR RELATED SERVICES WILL BE DISCUSSED**

A mandated member of an IEP Team may be excused from attending IEP Meeting that is **not** an initial, in whole or part, if a modification to or a discussion of the member's area of the curriculum or related services **is** being discussed, if the parent, in writing, and the school district representative consent to the excusal **and** the excused member submits in writing to the parent and the IEP Team input into the development of the IEP meeting prior to the meeting. In order to excuse a member, the procedures outlined below must be followed.

The request must be made by the principal or designee **at least five days prior to the IEP Meeting date**. The written input from the excused member must also be provided **five days prior to the IEP Meeting**. Written input means the report or summary of what would have been prepared or discussed had the IEP Team member attended the IEP meeting.

While the parent must be provided with the request and written input from the member seeking excusal at least five calendar days prior to the meeting date in order to afford the parents a reasonable time to review and consider the request, it is advisable to provide the member's written input and the request for excusal earlier. This helps to ensure efficiency in scheduling, as a member **must** be present if a parent does not consent to the excusal, and the DOE is still required to meet all timelines even where a meeting must be rescheduled due to a parent's refusal to consent or revocation of consent to a team member's absence.

The principal or designee (or, if the student is not a New York City public school student, the Chairperson or designee) **must indicate this request in writing** on the **Notice of IEP Meeting/Member Excusal Request Form**. If the parent consents to the member excusal, s/he must sign where indicated on the **Notice of IEP Meeting/Member Excusal Request Form**, and return the Form to the contact person indicated. If the parent does not consent in writing, or does not respond, the member may not be excused from the meeting.

The parent may also choose to make a request that an IEP Team member be excused. The parent must indicate this on the **Notice of IEP Meeting/Member Excusal Request Form**. If the DOE agrees to the parent's request, the member will not attend.

Please note that the parent retains the right to request and/or consent to the request to excuse a member at any time, including where the member is unable to attend the meeting because of an emergency or unavoidable scheduling conflict and the school district submits the written input for review and consideration within a reasonable time prior to the meeting and prior to obtaining written consent of the parent to excuse the requested member. Staff must document the emergency or unavoidable scheduling conflict which led to excusal request on the **Student Contact Sheet** in the student's special education file.

Requests for mandated IEP Team member excusal may not be made for the parent, parent member, or the student, if the student is invited to attend.

**Please Note:** When excusal of a mandated IEP Team member whose area of the curriculum or related services is being discussed is sought, the parent must provide **informed written consent**.



## **AMENDING THE IEP AFTER THE ANNUAL REVIEW**

Amendments to an IEP after the annual review may be made by the IEP Team at an IEP Team meeting, or by amending the IEP without an IEP Team meeting.

Before an IEP can be amended without an IEP Team meeting, the IEP Team must clearly describe all proposed changes on the **Waiver of IEP Meeting to Amend IEP Form** which must include a clear description of all proposed changes, and send the form to the parent. Additionally, the IEP Team designee must discuss with the parent any and all changes that are being considered. If the parent needs further information regarding the proposed change(s) or believes that a discussion with the IEP Team is necessary before deciding to

amend the IEP, the parent does not have to agree to the request to amend the IEP. If the parent does not agree to the proposed changes, the changes cannot be made without an IEP team meeting.

Once the IEP Team receives the signed **Waiver of IEP Meeting to Amend IEP**, the team may make the changes to the IEP, indicating next to every change the date on which changes were agreed.

The parent and all staff responsible for implementing the IEP must be provided with a copy of the amended IEP immediately (i.e., The IEP must be sent or otherwise transmitted the following day.) and all staff responsible for implementing the changes in the IEP must be informed of their IEP implementation responsibilities.

Additionally, a copy of the signed **Waiver of IEP Meeting to Amend IEP** must be placed in the student's special education file.

**Please Note:** An IEP may be amended only after an annual review IEP meeting.

### **PREPARATION FOR MANDATED THREE-YEAR REEVALUATION AND REQUESTED REEVALUATION**

Careful preparation is required for an IEP Meeting for students who require a Reevaluation, whether it is a requested or a Mandated Three Year Reevaluation. The reevaluation requires that the psychologist ensures that the following takes place:

- An IEP Team must review the student's existing evaluation information, including evaluations and information provided by the parents of the student, current classroom-based assessments, local or State assessments, classroom-based observations, and observations by teachers and related services providers. **The group may conduct its review without a meeting.**
- On the basis of this review, the IEP Team must identify what additional assessments (i.e., new testing, observation) if any, are needed to determine:
  - Whether the student continues to have a disability and continues to need special education services;
  - The present levels of academic achievement and related developmental needs of the student; and/or
  - Whether any additions or modifications to the special education services are needed to enable the student to meet the measurable annual goals set out in the IEP of the student and to participate, as appropriate, in the general curriculum.

If additional assessments are not needed, the school district must notify the parents of that determination, the reasons for it, and of the right of the parents to request a specific assessment/testing to determine whether the student continues to be a student with a disability and to determine the student's educational needs. Staff must complete the assessment/testing if requested to do so by the student's parents.

IEP Meetings that occur due to a Reevaluation should be merged with an annual review IEP Meeting, unless doing so would result in a delay.

**Please Note:** The Department may not complete a reevaluation more than one time in an academic year unless both the parent and the Department agree that it is necessary.

## **TAPE RECORDING OF THE IEP MEETING**

While a parent may request that the IEP Meeting be audio-taped, 24-hour notice must be provided in writing to the school principal or Committee on Special Education Chairperson. Should such a request be made, the IEP Team may also tape the IEP Meeting.

## **IEP TEAM PREPARATION FOR THE IEP MEETING**

In preparation, the **Social Worker**:

- is responsible for ensuring that the parent receives the reports in the manner in which they requested them. The social worker is also responsible for recording this information on the student contact sheet in the student's folder.
- for initial referrals, will offer each parent a choice to either:
  - pick up the copies of the evaluation reports at the Committee on Special Education Office or school; or
  - receive copies of the evaluation reports by mail

**Please Note:** If the parent requested to pick up the reports and did not, the reports must be sent to the parent before the IEP meeting. For additional information, please refer to "The Social History Interview" in **Section 3**.

In preparation, the **School Psychologist**:

- Ensures that the case folder contains all relevant forms, notices and reports
- Prior to scheduling the IEP meeting, ensures that arrangements for any special accommodations required by the parent (e.g. translator, sign language interpreter, accessible site, etc.) are arranged. If the accommodations cannot be arranged, the clerical/family worker as directed by the school psychologist should contact the ISC or Committee on Special Education Office for assistance
- Ensures that all **mandated participants** are available at the suggested time and notifies the principal/designee
- Considers whether the IEP meeting is a Full Committee and if so, ensures that arrangements have been made for a Parent Member to attend
- Ensures that the Notice of IEP Meeting Form, and copies of assessments are sent to the parent at least 7 days prior to the meeting
- Notes that for reevaluations, the **Consent for Reevaluation Form** includes information informing the parents that copies of evaluation reports will be sent or provided directly to them and will also identify whom parents may call if they have questions about the information contained in the reports
- In those instances where the parents have not yet received copies of the evaluation reports, ensure that they are provided with a copy and given an opportunity to review them prior to the meeting

The **Special Education Teacher/Related Service Provider** should prepare by:

- Reviewing the current IEP to determine mastery of stated IEP annual goals, and assessing current levels of achievement and progress towards meeting academic standards
- Identifying instructional and classroom management strategies that have been successful with the student

- Considering the student's education needs in relation to the general education curriculum
- Considering special factors that may impede student's learning
- Identifying the student's talents and interests
- Compiling information related to the student's attendance and class participation
- Compiling data on levels of English language proficiency for students from a non-English language background
- Consulting with general educators, other special education providers, and parents as needed

The **General Education Teacher** should prepare by:

- Reviewing the current IEP, or if the conference is being held to determine eligibility, compiling samples of student work, any anecdotal records, or other information helpful in determining the student's potential for learning, rate of learning, and need for specialized instruction
- Identifying instructional and classroom management strategies that have been successful with the student
- Observing the student's learning style in the general education classroom
- Listing or identifying special factors that may impede the student's learning
- Sharing with the special education teacher information regarding the student's progress toward achieving the IEP annual goals, including the student's participation in classroom activities
- Suggesting positive intervention strategies for improving the student's behavior, as necessary, as well as supplementary aids and services, and program modifications for school personnel that may be necessary for the student to benefit from instruction

The **Paraprofessional** should prepare by:

- Maintaining anecdotal records as directed by the teacher
- Under the direction of the teacher, implementing modifications and other educational or behavioral strategies used in the classroom
- Assisting the teacher in gathering documentation such as assessment data, work samples, classroom observations and reports from general education teachers
- Facilitating communication with parents

In preparation, the **Parent and Student** should be encouraged to:

- Participate with the Department staff to determine the date and time for the IEP Meeting
- Review the current IEP or, if the purpose of the IEP Meeting is to determine eligibility, review completed evaluations and any assessment data submitted in advance of the conference
- Review the most recent progress reports from teachers
- Share their comments regarding the student's strengths, abilities and needs
- Consider educational goals they would like their child to master by the end of the year

- Notify the Department staff if they require additional information (e.g., previous IEPs, reports and evaluations) or specific accommodations
- Determine whether other family members or persons with knowledge or special expertise regarding the student should be invited to attend the conference, and notify the case manager in advance

A **Student** may be encouraged to:

- Consider educational goals they would like to pursue
- Share concerns or questions with their parents or teachers
- Provide input regarding classroom strategies they would identify as helpful and those that were not
- Determine whether there is additional information they would like to share at the IEP Meeting

In preparation, the **Principal** must:

- Designate the staff member who will serve as the District Representative and chair of the meeting, determine whether or not to attend the IEP Meeting, and/or whether additional school-based staff should attend.
- Make the necessary arrangements for designated staff to attend the IEP Meeting
- Share with the school psychologist information regarding student performance, behavior, and attendance
- Ensure that all pre-conference activities are completed in accordance with mandated timelines

### **SCHEDULING THE IEP MEETING WITH PARENTS**

Efforts should be made to select a mutually agreeable date and time for the conference by inquiring, during the social history interview, about the parent's availability to attend the IEP meeting. Parents will be invited through written notice, the **Notice of IEP Meeting** that will include the names of the expected participants and the purpose of the meeting. This must be received at least five calendar days prior to the meeting. In order for the parent to receive the notice five calendar days prior to the meeting, this notice, along with assessments and/or evaluations must be mailed at least seven calendar days in advance of the meeting or hand delivered at least five days prior to the meeting. The notice will be in the preferred language of the parent. All appointments and contacts must be documented in the contact sheet and maintained in the student's special education file.

A confirming telephone call is made two to three days prior to the conference. At least two attempts must be made to contact the parent by telephone. If the parent does not have a telephone and the notice was returned undeliverable, appropriate outreach efforts must be made. All attempts must be documented in the contact sheet and maintained in the student's special education file.

If a parent requests that the conference be rescheduled, a mutually agreeable date must be set for the conference. This request should also be documented on the contact sheet. The IEP Meeting may be conducted without a parent in attendance if the IEP Team is unable to convince they parent that s/he should attend. In this case, the IEP Team must have detailed records of its attempts, and the results of those attempts to arrange a mutually agreeable time and place. If the parents indicate that they will be unable to attend and cannot reschedule, they must be informed that a telephone conference can be arranged after the conference to discuss the recommendation.

## **DEVELOPING AN AGENDA FOR THE IEP MEETING**

It is helpful to prepare a brief Agenda before the IEP Meeting. This way, all participants will know what topics will be covered, and the order in which they will be discussed. The Agenda should be used as a tool to provide the Team with focus so that all key areas are covered, and that input from all participants is addressed.

### **Sample IEP Meeting Agenda**

- 1) Member Introduction: title and role at the IEP Meeting
- 2) Purpose of IEP Meeting and summary of the IEP team obligations
- 3) Review of Procedural Safeguards with parent(s)
- 4) Identification of evaluations and other information for consideration to determine:
  - whether the student has an identified disability; and
  - whether the student requires special education services
- 5) IEP Development
  - present levels of performance
  - annual goals
  - accommodations, if necessary
  - promotion criteria
  - diploma objectives/transition
  - recommended services and level of service delivery
- 6) Summary of IEP determinations and opportunity for parent to ask questions
- 7) If the meeting is a subcommittee meeting, inform the parent of their right to request a Full Committee meeting if s/he disagree with the recommendation
- 8) Next Steps, as necessary (for example, the placement process outlined in **Section 7**)
- 9) Finalized IEP to be distributed at the end of the meeting or immediately sent to parent. The date the IEP is provided to parent must be indicated on the **Contact Sheet** in the student's file.

## **PLANNING FOR AN ANNUAL REVIEW IEP MEETING**

### **Determining Dates for Annual Reviews**

In an effort to facilitate the process by which schools determine the date for conducting the Annual Review, school level reports are available. These reports provide school specific information on a monthly basis indicating the due date for an Annual Review. The principal or designee must ensure that the report is printed the first week of each month and reviewed to ensure compliance with the Annual Review date. The updated report will include all students who have not yet had their Annual Review conducted. The names of the reports are:

- DSEB3206 - List of Students in Need of Annual Review
- DSEB3207 - Summary of Students in Need of Annual Review

## **TRANSMITTING THE IEP TO THE COMMITTEE ON SPECIAL EDUCATION OFFICE**

IEPs and Notices of Recommendation developed as a result of Annual Review must be completed, packaged and copies submitted to the appropriate Committee on Special Education Office for filing as soon as they are completed.

The clerical worker or family worker assigned to the school to assist with special education evaluations must:

- File the original information in the students' official special education school clinical file
- Be responsible for annual review data entry in the computerized system; students will be removed from the current Annual Review list once data has been entered at the school level

The principal or designee must:

- Develop a process to ensure that Annual Reviews are completed, IEPs and Notices of Recommendation developed through Annual Review are forwarded to the Committee on Special Education Office; and
- Ensure that information is filed at the school and that data entry is completed.

## **ARRANGING THE ANNUAL REVIEW IEP MEETING**

The special education teacher/service provider is responsible for arranging the Annual Review IEP Meeting. However, please note that for students recommended for related services only and who are receiving services from a non- Department of Education employee, the school psychologist will arrange the conference.

Arrangements for the IEP meeting must follow notice procedures as outlined in **Section 5**.

Annual Reviews for students attending private, parochial schools, Day and Residential State Approved Non-Public Schools and Charter Schools are the responsibility of the Committee on Special Education Office. The Committee on Special Education Office is responsible for arranging the meeting and ensuring the participation of the mandated members. One person from the Committee on Special Education Office must participate as the district representative at the Annual Review meeting for students attending these schools. This person must be the school psychologist if a new psychological assessment is reviewed or a change to a more intensive staffing ratio is considered. If possible, the IEP meeting should be held at the student's non-public or charter school to facilitate the participation of the student's teachers.

# SECTION 6: DECISION-MAKING AT THE IEP MEETING AND COMPLETING THE IEP DOCUMENT

## IN THIS SECTION...

- Introduction
  - Eligibility Determination
  - Eligibility Criteria
  - Decision-making Process at the IEP Meeting: An Overview
  - Classifiable Disabilities
  - Important Note Regarding Social Maladjustment
  - Documentation Needed for Specific Disabilities
  - Documentation Needed to Classify a Student as Learning Disabled
  - Documentation Needed to Classify a Student as Emotionally Disturbed
  - Determining Special Education Services
  - Declassification from Special Education Services
  - Recommending Extended (12-month) School Year Services
  - Promotion Criteria for Annual Review Meetings
  - Graduation Considerations
  - The Student Exit Summary
  - Recommending Occupational Therapy/Physical Therapy
  - Determining the Language of Instruction
  - Recommending Interim Speech/Language Therapy in English for English Language Learners Recommended for Bilingual Speech/Language Therapy
  - Recommending Specialized Transportation: An Overview
  - Considerations for Recommending Specialized Transportation
  - Documentation Required for Specialized Transportation Accommodation Recommendations
  - Recommending Deferred Placements
  - Recommending Assistive Technology
  - IEP Development for Students Admitted to Office of Mental Health Programs
  - Deferral to Central Based Support Team (CBST) Recommendation
  - Annual Reviews for Students Attending State Approved Non-Public Schools
  - Reapplication Process for Students Attending State Approved Non-Public Schools
  - Recommendation for Students in Charter Schools
  - Home Instruction: An Overview
  - General Requirements for the Authorization of Department of Education Home Instruction
  - Recommending Home Instruction on the IEP
  - Expected Contribution of Participants During the IEP Meeting
  - Completing the IEP Document
  - Procedures for Completing the IEP Meeting
  - Resolving Conflicts
-

## INTRODUCTION

The purpose of this Section is to provide information regarding the development of a student's IEP, the written document that is developed for each student with a disability. This Section describes decisions that can or must be made at each type of IEP meeting, and includes information regarding appropriate programmatic recommendations. Additionally, this Section is designed to provide information regarding specific procedures required to facilitate implementation of a variety of services and programs for students identified with a disability.

## ELIGIBILITY DETERMINATION

After all required assessments are completed, the IEP Team must make a determination regarding whether the student is eligible for the provision of special education services. In order to make this determination, the IEP Team must draw upon information from a variety of sources and:

- Consider the results of evaluations
- Consider any independent evaluations provided
- Consider the strengths and needs of the student and his/her present levels of performance
- Use more than a single procedure as the basis for determining eligibility; and
- Discuss evaluation data with regard to instructional implications and assistance to the teacher.

## ELIGIBILITY CRITERIA

A student is eligible for special education services if:

- The student meets the criteria for one or more of the disability classifications (listed below); and
- The student requires approved special education services and programs.

A school-age student is **not** eligible for special education services if:

- The student does not meet the criteria for one or more of the disability classifications; or
- The student meets the criteria but does not require approved special education services and programs; or the determinant factor is a:
  - Lack of appropriate instruction in reading, including explicit and systematic instruction in phonemic awareness, phonics, vocabulary development, reading fluency (including oral reading skills) and reading comprehension strategies;
  - Lack of appropriate instruction in math; or
  - Limited English proficiency

## DECISION-MAKING PROCESS AT THE IEP MEETING: AN OVERVIEW

In all cases, the IEP Teams are expected to reach their decision through a consensus-building process. The IEP Team must reach an understanding regarding:

- Eligibility of the student as disabled
- Educational needs of the student
- Whether special education services are necessary to meet those needs

- The type and intensity of the special education services, if necessary, and the environment where they are to be provided
- Goals for the student

This consensus is documented in the IEP that is prepared at the IEP Meeting. Consensus does not mean that all members of the IEP Team are unanimous in this opinion, but rather that they have, through careful review of all the information and perspectives, developed an IEP that is appropriate for the student.

The participants at the IEP meeting should:

- Ensure that parents have copies of all evaluation reports to be used in developing the IEP
- Discuss all evaluation results and recommendations in a language that is understandable to the parent and the other participants
- Describe classroom performance, social-emotional performance; health and physical development; management needs; and identify educational needs of the student
- Determine if those needs can be met in the general education setting without special education services
- Determine if the student has an educational disability
- If the student has been identified with a disability, determine and/or discuss the annual goals, and for students who will participate in Alternate Assessment determine and/or discuss short term objectives to meet the student's needs
- Determine if the student requires special education services including the type, intensity and location for those services that assist the student in achieving the goals that have been developed to progress in the general education curriculum
- Consider the least restrictive environment: This means that providing special education for students with disabilities in special classes, separate schools and other removal from the general education environment occurs only when the nature or severity of the disability is such that, even with the use of supplementary aids and services, education cannot be satisfactorily achieved.
- As part of the LRE consideration, determine whether the student's needs may be met in their current school and craft an IEP accordingly. For additional information regarding the placement steps that must be taken prior to the conclusion of the IEP meeting, please see "Procedures for Completing the IEP Meeting" in this Section..
- Discuss transition services and diploma objectives (when age-appropriate)

**Please Note:** Parental due process rights must be discussed.

**The IEP Team must consider the following special factors:**

- In the case of a student whose behavior impedes his/her learning or that of others, consider and discuss the Functional Behavioral Assessment (FBA) and Behavioral Intervention Plan (BIP) to support and address that behavior. If a BIP has not been developed for the student, one must be developed immediately. For information on the development of an FBA and BIP, please refer to Functional Assessment and Behavioral Intervention Planning by Sharon Lohrmann, Ph.D, Assistant Professor of Pediatrics, EM Boggs Center, Robert Wood Johnson Medical School, which is located on the Department's website.



In the case of a student who is an English Language Learner, consider the language needs of the student as such needs relate to the student's IEP.

- In the case of a student who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP Team determines that Braille instruction is not appropriate.
- In the case of a student who is deaf or hard of hearing, consider the student's language and communication needs.
- Consider whether the student requires assistive technology services and devices, including whether the use of school-purchased assistive technology devices are required to be used in the student's home or other settings.



For additional information related to program recommendations please refer to the New York City Continuum of Services located on the Department of Education's website.

## **CLASSIFIABLE DISABILITIES**

### **Autism**

A student with a developmental disability, significantly affecting verbal and nonverbal communication and social interaction that adversely affects educational performance and is generally evident before age 3.

Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines and unusual responses to sensory experiences.

The term does not apply if a student's educational performance is adversely affected primarily because the student has an emotional disturbance. A student who manifests the characteristics of autism after age 3 could be diagnosed as having autism if the above criteria are otherwise satisfied.

### **Deaf-Blindness**

A student with concomitant hearing and visual impairments, the combination of which causes severe communication and other developmental and educational needs that cannot be accommodated in special education programs solely for students with deafness or students with blindness.

### **Deafness**

A student with a hearing impairment that is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects the student's educational performance.

### **Emotional Disturbance**

A student who exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects the student's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- Inappropriate types of behavior or feelings under normal circumstances
- A generally pervasive mood of unhappiness or depression or
- A tendency to develop physical symptoms or fears associated with personal or school problems

The term “emotional disturbance” includes schizophrenia. **It does not apply to students who are socially maladjusted, unless it is determined that they have an emotional disturbance.**

### **IMPORTANT NOTE REGARDING SOCIAL MALADJUSTMENT**

Social Maladjustment includes behavioral manifestations that do not meet the full criteria for Emotional Disturbance, but in which there is some degree of impairment that impacts educational performance. Features may include:

- A dysfunctional family background; the tendency to respond more quickly to negative sanctions than to positive rewards; truancy and gang involvement.
- The most common emotions are irritability or anger. These are used manipulatively to control people and situations. The student often exhibits explosive verbal and physical aggression toward both peers and adults. Obscene and degrading language and gestures are common.
- Self-esteem is unusually high, but fragile. If distress occurs, it is situational and usually related to being held accountable or experiencing a loss of power or control.
- The student shows a marked lack of responsibility and projects blame onto others or events. The student sees self as faultless or as having reacted justifiably to perceived transgressions against him/her.
- Values and morality are determined by the situation and by whatever he/she wants at the moment (immediate gratification); substance and alcohol abuse is common.
- He/she lacks empathy or remorse and may be described as having no conscience.
- The thinking pattern is closed; that is, the student is not interested in others’ opinions and judgments in areas such as responsible living. He/she is not able to view himself/herself in any critical way. The student is not responsive to suggestions to change and tends not to learn from experience, mistakes, or consequences.

### **Hearing Impairment**

A student with an impairment in hearing, whether permanent or fluctuating, that adversely affects the student’s educational performance but that is not included under the definition of deafness in this section.

## Learning Disability

A student with a learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which manifests itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations.

The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural or economic disadvantage.

A student may be determined to have a learning disability if, when provided with learning experiences and instruction appropriate for the student's age or State-approved grade-level standards, the student does not achieve adequately for the student's age or meet State-approved grade-level standards in one or more of the following areas:

- Oral expression
- Listening comprehension
- Written expression
- Basic reading skills
- Reading fluency skills
- Reading comprehension
- Mathematics calculation
- Mathematics problem solving; AND

The student either:

- Does not make sufficient progress to meet age or State-approved grade-level standards in one or more of the areas identified above when using a process based on the student's response to scientific, research-based intervention; or
- Exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age. State-approved grade-level standards, or intellectual development that is determined by the IEP Team to be relevant to the identification of a learning disability using appropriate assessments

The determination of severe discrepancy between achievement and intellectual ability in oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation or mathematical reasoning may, but is not required, to be used as a basis for determining whether a student has a learning disability. The use of severe discrepancy or alternative method consistent with procedures in the SOPM is a determination made by assessment professionals.

**Please Note:** A student may not be determined to have a learning disability if the IEP Team determines that its findings are the result of a visual, hearing, or motor disability; mental retardation; emotional disturbance; cultural factors; environmental or economic disadvantage; or limited English proficiency.

**Mental Retardation**

A student with significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects that student's educational performance.

**Multiple Disabilities**

A student with concomitant impairments (such as mental retardation-blindness, mental retardation-orthopedic impairment, etc.), the combination of which cause educational needs that cannot be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness.

**Orthopedic Impairment**

A student with a severe orthopedic impairment that adversely affects a student's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputation and fractures or burns which cause contractures).

**Other Health Impairment**

A student with limited strength, vitality or alertness including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems, including but not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, attention deficit disorder or attention deficit hyperactivity disorder or tourette's syndrome, which adversely affects that student's educational performance.

**Speech or Language Impairment**

A student with a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects that student's educational performance.

**Traumatic Brain Injury**

A student with an acquired injury to the brain caused by an external physical force or by certain medical conditions such as stroke, encephalitis, aneurysm, anoxia or brain tumors with resulting impairments that adversely affect that student's educational performance.

The term includes open or closed head injuries or brain injuries from certain medical conditions resulting in mild, moderate or severe impairments in one or more areas, including cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing and speech.

The term does not include injuries that are congenital or caused by birth trauma.

**Visual Impairment**

A student with an impairment in vision including blindness that, even with correction, adversely affects that student's educational performance. The term includes both partial sight and blindness.

## **DOCUMENTATION NEEDED FOR SPECIFIC DISABILITIES**

There are two classifiable disabilities that require the completion of specific documentation to support the IEP team findings: Learning Disability and Emotional Disturbance.

### **DOCUMENTATION NEEDED TO CLASSIFY A STUDENT AS LEARNING DISABLED**

A student suspected of having a learning disability must receive an individual evaluation that includes information from observing the student in routine classroom instruction and monitoring of the student's performance that was either done before the student was referred for an evaluation or from an observation of the student's academic performance in the regular classroom after the student has been referred for an evaluation and parental consent has been obtained.

To ensure that underachievement in a student suspected of having a learning disability is not due to lack of appropriate instruction in reading or mathematics, the IEP Team must, as part of the evaluation process, consider:

- Data demonstrating that prior to, or as part of, the referral process, the student was provided appropriate instruction in regular education settings, delivered by qualified personnel
- Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the student's parents.

When determining eligibility for a student suspected of having a learning disability, the IEP Team must indicate in a report in writing:

- The basis for the determination
- The relevant behavior, if any, noted during the observation of the student, and the relationship of that behavior to the student's academic functioning
- The educationally relevant medical findings, if any
- Whether the student does not achieve adequately for the student's age or to meet state-approved grade-level standards and whether the student does not make sufficient progress to meet age or state-approved grade-level standards or exhibits a pattern of strengths and weaknesses in performance, achievement or both, relative to age, state-approved grade level standards or intellectual development
- The determination of the IEP Team concerning effects of visual, hearing or motor disability; mental retardation; emotional disturbance; cultural factors; environmental or economic disadvantage; or limited English proficiency on the student's achievement level
- If the student has participated in a process that assesses the student's response to scientific research-based intervention and the instructional strategies used and student-centered data collected.

Each IEP Team member must indicate in writing whether the report reflects the member's conclusion. If it does not, the IEP Team member must submit a separate statement presenting the member's conclusions.

One mechanism for determining whether the student may be a student with a learning disability is an assessment by the IEP Team that a severe discrepancy between cognitive potential as measured by a standardized intelligence test and achievement as measured by a standardized test of knowledge is present.

A significant discrepancy value is greater than or equal to a value of +1.50 standard deviations. The IEP Team must complete and sign the **Specific Learning Disability Justification Form**. If a team member disagrees with the decisions reflected in the report, they must submit a separate statement presenting their reasons.

In some circumstances, the IEP Team may not be able to determine a significant discrepancy due to the lack of appropriate test instruments (e.g., for languages other than English). The team must assess this student using non-standardized techniques and is therefore unable to apply a formula. In these cases, a statement will be written describing where the discrepancies were noted.

The use of severe discrepancy or alternative method consistent with the procedures in the SOPM is a determination made by assessment professionals.

### **DOCUMENTATION NEEDED TO CLASSIFY A STUDENT AS EMOTIONALLY DISTURBED**

The IEP Team must determine whether the student has a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects the student's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory or health factors
- An inability to build or maintain satisfactory relationships with peers
- An inability to build or maintain satisfactory relationships with teachers or other adults in the school
- Inappropriate types of behavior or feelings under normal circumstances
- A general pervasive mood of unhappiness or depression and
- A tendency to develop physical symptoms or fears associated with personal or school problems

The IEP Team must complete and sign the **Emotional Disability Justification Form**.

### **DETERMINING SPECIAL EDUCATION SERVICES**

At the IEP meeting, the IEP Team determines if the student has a disability and requires special education services. If so:

- The **type and intensity** of services and supports are identified
- The type of **environment** in which special education services should be delivered to enable the student to meet the goals and objectives that have been developed is identified
- The appropriate service language is identified for English Language Learners
- The need for an "extended school year" (12-month services) is determined
- The required transition services are determined for students whose IEP will be in effect when the student is age 15 (and at a younger age, if determined appropriate)

## **DECLASSIFICATION FROM SPECIAL EDUCATION SERVICES**

If the student has been receiving special education services, but it is determined by the IEP Team after a reevaluation that the student no longer needs special education services and can be placed in a regular educational program on a full-time basis, the IEP Team will determine whether the student requires declassification support services. If it is determined that the student requires declassification services, the IEP Team will identify the service and indicate the projected date of initiation of such services, the frequency of provision of such services, and the duration of such services.

Services may include, but are not limited to instructional support remediation, instructional modifications, and individual and/or group counseling or speech. These services shall not continue for more than one year after the student enters the full-time regular education program. For additional information regarding students who are declassified please refer to **Section 7**.

In addition, students who are declassified are eligible to receive test accommodations if indicated on the declassification IEP. Students declassified in grades 8-12 are eligible for the "Safety Net." The Safety Net allows students with disabilities who fail a required Regents exam to take the Regency Competency Test (RCT) in that subject. If they pass the RCT, they will receive credit toward a local diploma. In all cases, the students must take the required Regents exam but may take the RCT before or after the Regents exam. The eligibility for "safety net" must be indicated on the student's current IEP.

## **RECOMMENDING EXTENDED (12-MONTH) SCHOOL YEAR SERVICES**

Some students require an "extended school year" or "twelve month school year" in order to prevent substantial regression during the summer. Students at risk of substantial regression may not be able to maintain developmental levels due to a loss of skill or knowledge during the months of July and August. This loss may be so severe as to require an inordinate period of review at the beginning of the school year to reestablish and maintain IEP goals and objectives mastered at the end of the previous school year.

Considerations for Extended (12-month) School Year Services:

- Students with severe multiple disabilities whose programs consist primarily of habilitation and treatment
- Students who are recommended for home and hospital instruction, whose special education needs are determined to be highly intensive, and who require a high degree of individualized attention and intervention
- Students whose needs are so severe that they can be met only in a seven-day residential program
- Students whose management needs are deemed highly intensive and who require a high degree of individualized attention/intervention
- Students receiving other special education services who, because of their disabilities, exhibit the need for a twelve-month special service and/or program provided in a structured learning environment of up to 12 months duration in order prevent substantial regression

**Please Note:** All placement procedures outlined in **Section 7**, including parental due process rights and the right of the parent to visit the program before or after providing consent, continue to apply when a 12-month program has been recommended. For additional information regarding placement considerations specific to a 12-month school year, please refer to “Extended (12-month) School Year” in **Section 8**.

### **PROMOTION CRITERIA FOR ANNUAL REVIEW MEETINGS**

During the Annual Review for students in grades 3 through 8 who participate in State and Citywide assessments, the student’s promotion criteria for the upcoming school year must be determined and specified in the IEP.

It is the responsibility of the IEP Team to consider if the student can meet the Standard Promotion Criteria. If the IEP Team determines that the student cannot meet the Standard Promotion Criteria, the Team must determine the modified criteria to include on the student’s IEP. To assist IEP Teams, the section on Participation in School Activities, Related Service Recommendations, Participation in Assessments and Promotion Criteria in the Creating a Quality IEP manual has been revised and should be consulted. The Creating a Quality IEP manual may be found on the Department of Education website.

To ensure that parents, providers and students have sufficient notification of the promotion criteria to be applied, and to have the benefit of all necessary instructional intervention, the student’s IEP must indicate the promotion criteria prior to January 31st of the school year.

### **GRADUATION CONSIDERATIONS**

Schools are required to provide written notice to parents of students with disabilities prior to their graduating from high school with a Regents endorsed or local diploma. This prior written notice is intended to inform parents that the student is not eligible to receive a free appropriate public education after graduation with the receipt of a Regents endorsed or local diploma. This requirement does not apply to students with disabilities who exit high school with an IEP diploma because s/he may remain in school until the end of the school year during which the student turns 21, or until s/he receives a high school diploma, whichever is earlier.

Therefore, each term high school principals or their designee must identify those students with disabilities who may be eligible at the end of the term to graduate (i.e., have accumulated sufficient credit to warrant a regular high school diploma and have passed all required tests).

For those students with disabilities who are expected to graduate with a Regent’s endorsed or local diploma at the end of the term, the high school principal/designee must:

- Complete the Notice of Graduation With Regents Endorsed or Local Diploma;
- Attach the Notice of Parental Rights;
- Send both the Notice of Graduation With Regents Endorsed or Local Diploma and the Notice of Parental Rights to the student’s parents; and
- Send a copy of the Notice of Graduation With Regents Endorsed or Local Diploma to the Committee on Special Education Office where the student’s school is located to be filed in the student’s Committee on Special Education Record.



District 75 principals and principals (or designee) of non-public schools (in or out of State), should contact the Deputy Executive Director of Special Education at the Integrated Service Center (or designee) to ensure that the student is meeting the requirements for graduation from high school prior to sending the notice to parents.

If the parent disagrees with the anticipated graduation, they may seek to resolve their disagreement with the proposal to graduate the student through all appropriate means, i.e., a meeting with the School/Committee on Special Education Office, mediation or a due process hearing.

For additional information and clarification, please see “Graduation Requirements for Students with Disabilities” in the Appendix.



## THE STUDENT EXIT SUMMARY

A **Student Exit Summary** must be completed for:

- All public school students and students who are attending non-public schools; and
- for whom special education services will terminate in the current year because the student will receive a Regent, local or IEP diploma or reach the age of 21.

The Summary should provide a meaningful picture of the exiting student’s strengths, abilities, skills, functional and academic levels, needs, limitations, necessary accommodations and recommendations that will support the student’s goals after leaving the New York City school system. The Summary will assist the student in establishing eligibility for reasonable accommodations and supports in post-secondary education, the workplace and the community.

## RECOMMENDING OCCUPATIONAL THERAPY/PHYSICAL THERAPY

When the IEP Team **initially** recommends a student to receive occupational or physical therapy, an assessment by an appropriate professional and a physician’s prescription must be obtained.



## DETERMINING LANGUAGE OF INSTRUCTION

After determining that a student has a disability and needs special education services IEP Teams must also determine the instructional language for English Language Learners. The following factors should be considered and discussed when determining the appropriate language of service for students with disabilities:

- Home language use based on the HLIS responses and follow-up interviews with the parents and student
- Educational history including whether the student is currently receiving bilingual or ESL services, the number of years the student has received bilingual/ESL services, as well as a review of the cumulative record and current report cards
- The levels of proficiency, both expressive and receptive, in the home language and English

- Scores on the LAB/NYSESLAT
- Teacher observations of the student's work over an extended period of time
- Samples of oral and/or written work in both the home language and English
- Informal student assessment including language sample interviews in both the home language and English and
- The concerns and preferences of the parent.

Based on their analysis and review of these factors, the IEP Team will reach one of three determinations:

- Bilingual instructional services are required; or
- Bilingual instructional services are not required, but ESL instructional services are required to enable the student to continue to further develop English linguistic competence and to progress appropriately in an English language instructional program; or
- Bilingual and ESL instructional services are not required since the assessment information reveals that no other language is impacting on the student's language development or the student has appropriate language and social skills in English to progress appropriately in an English language setting.

**Please Note:** A decision to recommend ESL only or no bilingual services can only be made by an IEP Team with at least one bilingual professional participating at the conference. Please note that an IEP Team decision that no bilingual special education services are required does not exit a student from ELL status. These students must participate in the NYSESLAT until they exit out as per the results of the NYSESLAT.



### **RECOMMENDING INTERIM SPEECH/LANGUAGE THERAPY IN ENGLISH FOR ENGLISH LANGUAGE LEARNERS RECOMMENDED FOR BILINGUAL SPEECH/LANGUAGE THERAPY**

Students recommended to receive Speech/Language Therapy as a Related Service in a language other than English may be considered for interim Speech/Language Therapy in English when a certified bilingual provider is not available. Prior to considering this interim service, all efforts must have been made (i.e. with full time, part-time or per diem NYCPS staff, contract agency staff or independent providers). In addition, all efforts must continue to be made to locate a bilingual provider while implementing interim monolingual Speech/Language Therapy, including assisting the parent in locating a bilingual independent provider through the Related Service Authorization process.

The decision to recommend interim Speech/Language Therapy in English must be made at an IEP meeting. The team should review the bilingual evaluations, teacher reports, and parental input to determine whether the student has emerging expressive communication skills in English to enable the student to benefit from this service. Consideration should also be given to the student's cultural, linguistic and experiential background, educational experiences, ability to adapt to different learning situations, etc.

ELLs who may be recommended for interim Speech/Language Therapy in English include:

- Students who do not speak or understand any conventional language and/or those who function at a non-symbolic level
- Students who demonstrate emerging expressive communication skills and knowledge in English while still being dominant in their preferred language.

Students who have some fluency in a language other than English and who do not exhibit basic communication skills in English, either receptively or expressively, may not be appropriate for Speech/Language Therapy in English, even on an interim basis.

**Please Note:** It is inappropriate to change a student’s IEP recommendation from bilingual to monolingual due to the absence or unavailability of a bilingual provider.

When an IEP Team recommends that interim Speech/Language Therapy in English be provided to a student recommended for bilingual Speech/Language Therapy, an IEP meeting must be held indicating the recommended service and noting that it will be provided on an interim basis. In the related services section of the IEP, the IEP Team will write “Interim Monolingual Speech pending availability of a bilingual provider” and include frequency, duration and group size, and appropriate goals developed.



No ISP is developed.

Monolingual Teachers of Speech Improvement must have, as a prerequisite to the provision of interim service to ELLs the basic ten (10) hours of training in English as a Second Language (ESL) methodology and an additional ten (10) hours of specialized training on speech and communication issues specific to ELL students with disabilities. Topics to be covered in such training should include, but are not limited to the following:

- Review of bilingual/bicultural issues, professional literature, methods and materials, working with parents, collaborating with other professionals, etc.; and
- Familiarity with guidelines to assist them in identifying the strategies designed to achieve the goals and objectives set forth in the student’s IEP.

An additional five hours of staff development must be provided for monolingual Teachers of Speech Improvement subsequent to their being assigned students recommended for interim Speech/language Therapy in English.

Ongoing technical assistance and/or consultation by Speech Supervisors, bilingual Teachers of Speech Improvement, ESL teachers, etc., will be made available to monolingual Teachers of Speech Improvement, and will be arranged on an as-needed basis. The Speech Supervisor and the principal will ensure that appropriate time is made available for these professionals to meet (e.g., during common preparation periods, in classroom collaboration, etc.).

In order to address needs other than English language, monolingual Teachers of Speech Improvement will work with bilingual classroom personnel to implement techniques and multi-modality strategies which foster additive language learning conditions (e.g. strategies to ensure that the student has sufficient communicative opportunities in both languages, development of consistent curriculum objectives including Speech/Language objectives, intervention strategies to support mastery of objectives, etc.). The outcome of this professional collaboration is designed to create a communicative environment that is conducive to a wide range of language uses in both languages.

## **RECOMMENDING SPECIALIZED TRANSPORTATION: AN OVERVIEW**

Students with disabilities attending New York City public and non-public schools are entitled to receive transportation services according to the same criteria as general education students, pursuant to Chancellor’s Regulation A-801. For students whose disability warrants a Specialized Transportation Service, specialized services are available and may be recommended on a student’s IEP. Specialized Transportation includes door-to-door (i.e., the bus stops at the curb as close to the student’s home as possible) pick-up and drop-off, and utilizes specialized vehicles.

### **CONSIDERATIONS FOR RECOMMENDING SPECIALIZED TRANSPORTATION**

IEP teams may recommend Specialized Transportation (i.e. door-to-door bussing) on a student’s IEP if warranted by the nature of the student’s disabilities. The following factors must be taken into consideration when determining whether Specialized Transportation is warranted:

- Whether the student has a chronic medical or orthopedic disability. Specific documentation and/or reports describing the student’s need for Specialized Transportation are required
- Whether the student has a severe emotional disability and documented aggressive and/or acting-out behavior that requires support on the bus to and from school. Documentation or reports describing the student’s need for Specialized Transportation must be provided
- Whether the student has a severe cognitive impairment to the extent that continued management and support on the bus to and from school is necessary. Documentation or reports describing the student’s need for Specialized Transportation must be provided



Factors unrelated to the student’s disability, such as the unavailability of the parent to escort the child to the school or the bus stop, are not appropriate justifications for recommending Specialized Transportation (i.e., door-to door bussing). Such recommendations will not be approved.

Types of Specialized Transportation Accommodations may include:

- Limits on Travel Time and Special Temperature Requirements

Limits on the travel time on the bus or climate control/air conditioning must be substantiated by medical documentation that clearly delineates the student’s medical condition which necessitates the additional accommodation. Medical documentation which simply requests a limited bus run or an air-conditioned vehicle without the medical condition and its impact on the student during transportation is unacceptable. In addition, if due to a prolonged medical disability the child requires a limited bus ride, consideration must be given to the student’s school placement and the distance from the child’s home.

- Specialized Transportation Assistant Services

Specialized Transportation Assistant services may be provided for non-ambulatory students with disabilities who reside in non-accessible public buildings and who must be carried up and down the stairs from their homes to the street.

- Medically-Related Health Services During Transportation

A student with a disability may require medically-related Health Services (e.g., suctioning, postural drainage, etc.) by a nurse or a paraprofessional on the bus to and from school.

### **DOCUMENTATION REQUIRED FOR SPECIALIZED TRANSPORTATION ACCOMMODATION RECOMMENDATIONS**

When a student is initially referred for a special education assessment, the IEP team must inform the parent that medical documentation is required for any Specialized Transportation Accommodations. During the initial social history this information should be shared with the parent. The parent should be provided with copies of the **Request for Medical Accommodations to be Completed by Treating Physician Form** for completion by the parent's physician, and the **Authorization for Release of Health Information Pursuant to HIPPA Form** to be completed by the parent and then provided to the IEP Team.

Requests for Specialized Transportation Accommodations must be substantiated by current medical documentation from a physician that clearly delineates the student's medical condition which necessitates the accommodation. For example, it is unacceptable to provide medical documentation which simply requests a limited bus run or an air-conditioned vehicle without describing the medical condition and its impact on the student during transportation. The student's physician must provide such documentation **on an annual basis** during the student's annual review or triennial in order for the Accommodation to be approved.

The case manager ensures that requests for accommodations and the associated medical documentation must be submitted to the Transportation Liaison at the Integrated Service Center prior to the student's IEP meeting. The Transportation Liaison will coordinate the review of the medical documentation with the DOHMH physicians assigned to the ISC/ CSE.

ADOHMH physician will review all recommendations for limited time travel, 1:1 transportation paraprofessionals, nurses and medically-related health and any other Accommodation request that the Transportation Liaison deems necessary for medical review. Based on the review, the DOHMH physician will make a recommendation on the need for the Accommodation, record this recommendation in a standard form, the **OSH Physician Review: Medical Requests for Transportation Accommodations Form**, and submit the form to the student's IEP Team, which includes the parent, prior to the IEP meeting. The DOHMH physician may recommend alterations to the original medical assessment.

Upon request, the physician reviewer will discuss his or her recommendation with DOE staff. When a parent disagrees with a decision and requests an impartial hearing, the physician reviewer will, on request by the DOE, attend and participate in such hearings.

The student's "Accommodations" documentation and the physician's review will be returned to the IEP team prior to the student's IEP meeting. If the student requires Specialized Transportation the IEP Team must indicate on the IEP in the comments sections next to the box for Specialized Transportation, the type of accommodation(s) required.

**Please Note:** The type of vehicle (e.g. mini wagon) is not to be indicated on the IEP.

The IEP team must then complete the IEP and submit the IEP and supporting documentation for Specialized Transportation and any additional accommodations to the Special Education Evaluation and Placement Officer at the Office of Student Enrollment.

### **RECOMMENDING DEFERRED PLACEMENTS**

During the IEP Meeting, the discussion should also include a decision as to whether or not the recommended special education services should commence immediately. It may not be in a student's best interests to immediately implement the recommended special education services. This is referred to as a "deferred" placement.

The decision to defer special education placement is made at the IEP Meeting and is to be made in consultation with the parent, if that individual is in attendance. This decision must take into consideration the social/emotional, academic and management needs of the individual student.

The decision is **not** to be based upon availability of any given service. The decision to defer placement should never be made because a parent is unsure whether or not he/she is in agreement with a specific program recommendation. The primary consideration is the best interests of the student. Some examples are delineated below.

- A student attending a high school special class program is recommended for general education with supplementary aids and services in December. It might be in the student's interest to complete the term in his/her current placement and commence the general education program at the beginning of the next term.
- A student is recommended for a special class which would require the student to change schools late in the school year. It may be in the best interest of the student to defer the movement until September of the new school year.

If the IEP Team and the parent believe that the student's transition to a special class program would best be attempted at a later date (either at the beginning of the school year, the beginning of a new term, after a vacation period or possibly planned to coincide with a predicted change of residence), a recommendation may be made to defer commencement of services.

- The IEP Team must record this recommendation on the **Conference Result Form** by writing "Y" in the section which asks "All placement services deferred?"
- The IEP is then completed by recording the date to which placement services are deferred in the section entitled, "Projected Date of Initiation of IEP," on Page 2.
- The student's name will subsequently appear on the 311 Report as "Placement Deferred."
- The IEP Team will record its rationale for recommending deferment of the placement.

If the parent attends the IEP Meeting, the IEP Team may offer the **Notice of Recommended Deferred Placement: Initial**; or **Notice of Recommended Deferred Placement: Annual Review or Reevaluation** at the conclusion of the meeting.

**Please Note:** The parent may disagree with the deferment, in which case the student must be placed within designated timelines.

## RECOMMENDING ASSISTIVE TECHNOLOGY

The need for Assistive Technology devices and services must be determined in relation to the student's environment, language and the tasks he/she needs to perform. Prior to recommending assistive technology, the IEP Team should consider the following questions:

- What can the student do now with and without assistive technology devices and services?
- What does the student need to be able to do?
- What methods, strategies and/or programming considerations have been utilized in an effort to provide the student the maximum opportunity to develop his/her potential prior to recommending assistive technology?
- Does the student need assistive technology devices and services to access the general curriculum?
- Does the student need an assistive technology device or services for communication?
- What is the range of AT options available from "No Tech" to "Low Tech" to "High Tech"?

Have no-tech, low tech, or mid-tech strategies been employed by school staff to assist the student in meeting the goals of the IEP? For example, the following options may be appropriate for a student who is having difficulty with note taking during class: (a) select a student in the class to use carbon paper when taking notes (No Tech); (b) provide the student with a tape recorder (Low Tech); or, (c) provide the student with a word processor or computer (High Tech).



Has the student's language of instruction been considered and addressed in determining the recommended Assistive Technology device(s) or service(s) when working with an English Language Learner (ELL)?

If a "low tech" assistive technology device (e.g., pencil grip, calculator, adapted grip, tape recorder, spell checker, electronic organizer, etc.) has been recommended at the IEP meeting in the school, the IEP Team at the school is responsible for ensuring that the device is purchased following standard operating business procedures.

If a "high tech" assistive technology device (e.g., computer, word processor, augmentative communication device, etc.) has been recommended, the IEP Team the school/Committee on Special Education Office prepares the appropriate purchase orders and submits this information to the Integrated Service Center. The Integrated Service Center is then responsible for ensuring that the purchase order is completed and is purchased following standard business procedures.

## IEP DEVELOPMENT FOR STUDENTS ADMITTED TO OFFICE OF MENTAL HEALTH PROGRAMS

The New York State Office of Mental Health certifies nonresidential programs designed for the purpose of providing a comprehensive array of services for mentally ill students with disabilities through integrated mental health and special education services. These programs are commonly known as Day Treatment Programs (DTP). Students are admitted by the Day Treatment Program in accordance with the program's

admission criteria. Therefore, an IEP Team may **not** recommend that a student receive services in the educational component of the program **unless** the Day Treatment Program has first accepted the student. If the IEP Team is not aware of an appropriate educational program in the public schools that would meet the student's educational needs, the case should be deferred to the Central Based Support Team for assistance. If the IEP Team believes that a student would benefit from community based mental health services, they should also assist the parent in making direct referrals to the programs. Specific information about programs and locations can be obtained by calling Lifenet (1-800-543-3638), a referral line for mental health and substance abuse services.

When a Day Treatment Program is considering admitting a student in accordance with its admission criteria, the Day Treatment Program must immediately request an evaluation/reevaluation of the student from the Committee on Special Education Office that serves the school in which the student is currently attending. The Day Treatment Program will make available to the Committee on Special Education Office any assessment materials (e.g. psychiatric, educational evaluation, etc.) available that are applicable to the IEP process. For students attending a public school, the Committee on Special Education will forward the request to the student's school. The school IEP Team is responsible for the determination of the existence of a disability, or the continuation of a disability, and the recommendation of appropriate special education services, in consultation with the program's treatment team. If the student attends a non-public or charter school or is non-attending the IEP Team at the Committee on Special Education is responsible for the above determination.

**Please Note:** If the student's district of residence is other than NYC, the Day Treatment Program should forward the referral to the school district of origin, which retains responsibility for the student's evaluation and IEP development.

Upon receipt of the referral, the IEP Team will determine whether the case is an initial or reevaluation and follow the procedures outlined in previous sections regarding obtaining consent and conducting evaluations. An IEP meeting is then arranged.

A representative of the DTP Treatment Team must be invited to attend the meeting. If a DTP Treatment Team representative does not (or cannot) attend, the IEP Team must document the DTP representative's participation through telephone conference calls and/or written correspondence.

If, at the IEP meeting, it is determined that the student has a disability and that the educational services at the DTP are appropriate to meet the student's special education needs, the IEP Team should complete the IEP as follows:

- Recommended Services – special class in the \_\_\_\_\_;  
(Insert name of the Day Treatment Program)
- Incorporate into the IEP the frequency and duration of the “verbal therapies” specified by the DTP Treatment Plan as agreed to by the IEP Team. The inclusion of “verbal therapy” and the total time per week and frequency to be provided by the DTP Treatment Team is based upon the mental health needs of the student and should be indicated on the IEP;
- If there are other services, including Related Services, not provided by the Day Treatment Program, these must also be included.

**Please Note:** Therapies provided by the Day Treatment Program are not entered into the computerized tracking system.

- All other sections are completed as described in the IEP Manual.



In addition to the educationally-based related services provided by the education program, the IEP may include “verbal therapy” as a mental health service to be provided during the school day and counted as school hours. Verbal therapy is not entered into the data tracking system as a related service, as this is being provided by the Day Treatment Program.

Follow standard operating procedures for obtaining parental consent/acknowledgment and complete arrangements for the student to attend the program.

### **DEFERRAL TO CENTRAL BASED SUPPORT TEAM (CBST) RECOMMENDATION**

The IDEIA emphasizes that the majority of students identified as eligible for special education and related services are capable of participating in the general education curriculum to varying degrees with necessary adaptations and modifications. The IDEIA presumes that all students with disabilities are to be educated first in the general education classroom with necessary supplementary aids and services.

When determining the appropriate setting in which a student may receive special education services, the opportunity to be educated with non-disabled peers must be considered. The New York State Education Department approves in-state and out-of-state schools (either day or residential) as potential settings for students with disabilities. These settings are highly restrictive, providing little or no opportunities for a student’s participation with their non-disabled peers.

**Please Note:** IEP Teams must consider all options available in the public schools prior to deferring a student to CBST for assistance in identifying an appropriate educational setting. When an IEP Team defers a case to CBST, it is important for parents to understand that a recommendation for a specific setting has not yet been made, and may in fact be a public school setting. In other words, a deferral to CBST is not a recommendation for the student to attend a non-public school.

For any student that is deferred to the CBST for assistance in identifying an appropriate educational setting, documentation of efforts to place a student in a less restrictive environment is required. For school-based IEP teams, the **Assurance Checklist** and the **Documentation of IEP Team Efforts to Place a Student in the Least Restrictive Environment (“Documentation” form)** must be completed. For Teams located at the Committee on Special Education Offices, the **CBST-1 Form** and the **Documentation Form** must be used. In order to be considered complete, the **Documentation Form** must include the following information:

- A description of the services the student needs that the IEP Team believes are not available in the public schools

- If related services were recommended in addition to the primary program, an explanation of why these needs could not be met within the classroom setting
- An indication of the students' chronology of education services for the past three years
- The supplementary aids/support services that were considered or tried with the student and how they failed to meet the student's needs

The Team, whether located at the CSE or in the student's school, must immediately send all case materials and completed forms to the CBST. The CBST will immediately review the materials for completeness and appropriateness. The CBST will notify the IEP Team of any case in which sufficient supporting documentation is not provided. The CBST must determine within 5 school days of receipt of the student's file whether the student's educational needs can be met in a Department of Education program or whether the student's file will be forwarded to New York State Approved schools for consideration.

If after reviewing the documentation submitted by the IEP Team and conferring with the IEP Team, the CBST determines that the student's educational needs can be met in a Department of Education program (in a community school, or in a District 75 school), the CBST will send the case back to the school psychologist if the IEP Team is located at a public school, and the CSE if the student attends a non-public or charter school, with their recommendation regarding how the child will be served using the **Securement Form** as a cover sheet. The IEP Team will immediately reconvene an IEP meeting to complete the IEP and arrange for a Final Notice of Recommendation to be issued.

If after reviewing the clinical material submitted by the IEP Team located at the committee on Special Education office, or of the student is attending public school, the IEP Team at the school, the CBST determines that the student's educational needs cannot be met in a Department of Education program, the CBST will submit the case to New York State-approved schools. The CBST case manager must assist in identify nonpublic schools that may be appropriate for the student based on the student's profile. The student's profile includes information, including but not limited to, the student's educational functional level, age, gender, IQ, handicapping condition, and diploma status. These factors coupled with the case manager's knowledge of the school's population determine the schools to which the student's information is forwarded for consideration. The nonpublic school then makes a determination regarding whether they will interview the student and ultimately whether they will accept the student.

Cases involving students with a history of psychiatric issues or hospitalization may be submitted to day treatment programs as well as nonpublic schools. In order to inform CBST staff about programs available at nonpublic schools, case managers are required to visit programs, share information with their colleagues, and meet with nonpublic school staff.

If a student is accepted into a non-public school, the CBST case manager will receive a copy of the acceptance letter and notify the school/Committee on Special Education Office. The IEP Team will immediately reconvene and indicate the recommendation on the new IEP. **A new Final Notice of Recommendation must then be issued indicating the non-public school.** Because the Department has an obligation to provide the parent with an appropriate offer, a Final Notice of Recommendation must be issued regardless of whether the parent agrees with the placement site. Parents who disagree with the placement offer may pursue their due process rights and request an impartial hearing.

**Please Note:** Documentation for all students classified as Emotionally Disturbed who are deferred to CBST for assistance must include a recent Psychiatric Evaluation.

## **ANNUAL REVIEWS FOR STUDENTS ATTENDING STATE APPROVED NON-PUBLIC SCHOOLS**

IEP Teams must conduct Annual Review meetings for all school-age students receiving special education services in a publicly funded school setting (day or residential private schools in state or out of state) prior to **May 15th** of the school year.

- If the IEP Team determines that updated assessments are necessary to conduct the Annual Review meeting, it is the responsibility of the IEP Team to obtain parental consent to conduct any required assessments.
- Student progress reports must be received from the Non-Public School by the IEP Team not less than thirty (30) calendar days prior to a student's Annual Review. In cases where updated assessments are required and private schools have current, objective and comprehensive assessments available, IEP Teams should consider these reports during the review meeting.
- Before determining whether a student's current NPS placement should be recommended for the next school year during the Annual Review process, IEP Teams must ensure that all students have access to the general education curriculum and that justification is provided when a child cannot participate in the general education environment.
- During the Annual Review meeting, students recommended to attend public school programs who were placed into private school programs during the school-year by virtue of a **P1-R Letter** must be considered for placement in the public school environment.



If the Annual Review meeting reaffirms the recommendation for services in a public school setting, IEP Teams must continue to offer services in a timely manner.

IEP Teams are required to invite all mandated participants to attend the Annual Review meeting and should make every effort to schedule Annual Review meetings when representatives (teachers, service providers, etc.) from the private schools are available to attend. The IEP Meeting should take place at the school, unless this is not possible. If representatives from the private schools are unable to attend the Annual Review meeting, the IEP Team must ensure their participation during the meeting through teleconference. IEP Teams must retain documentation in each student's file for all contact and outreach efforts.

If meetings are delayed due to parental lack of response or unavailability, the IEP Team must inform parents that the student's IEP will be reviewed and may be amended without their participation. The IEP Team should **not** postpone its obligation to generate program recommendations which may result in a **P1-R letter** to be issued.

Students for whom a **P1-R** letter has been issued and who invoke the **P1-R** and were newly enrolled in a State-approved non-public school between March 15th and June 15th are entitled to remain at the private school for the remainder of the current school-year and the entire subsequent school-year, unless the parent and Committee on Special Education Office agree to a different school placement.

## **REAPPLICATION PROCESS FOR STUDENTS ATTENDING STATE APPROVED NON-PUBLIC SCHOOLS**

In order to ensure funding reimbursement from the State Education Department for students attending approved Non-Public Schools, the Committee on Special Education Office must complete the reapplication process for each student.

Upon completion of the Annual Review, all data must be entered into the computerized tracking system. For students who are remaining in the same non-public school the conference, final notice and first attend date must be entered. The information necessary for a reapplication for the next fiscal year will be electronically forwarded to the State Education Department on July 1st of each year.

For students initially recommended to attend day/residential private schools whose IEP is completed on or after May 1st, the CBST will, upon confirmation of funding approval by the SED and after consultation with the Committee on Special Education Office, process placement for the remainder of the current as well as the ensuing school year and for July and August, as appropriate.

### **RECOMMENDATIONS FOR STUDENTS IN CHARTER SCHOOLS**

Students attending Charter Schools are held to the same criteria for eligibility for special education services as any student being evaluated by an IEP Team at the Committee on Special Education Office. If it is determined that the student is eligible for special education services, the IEP Team must determine the type and intensity of services needed and the environment in which they will be provided. The identified needs of a student attending a charter school must drive his/her program/service recommendation(s). While the development of an IEP should be a consensus-driven process, the IEP Team has ultimate responsibility to ensure that the IEP recommends the services that the student needs in order to receive a free appropriate education.

Charter schools are exempt from all State requirements relating to class size and instructional groupings, and are not required to follow or to provide program and services in accordance with the Department of Education's continuum. Thus for a student already enrolled in a charter school, the IEP Team should consider the school's innovative approach to the delivery of special education in determining the programmatic needs of the student.

### **HOME INSTRUCTION: AN OVERVIEW**

Special procedures exist for recommending Home Instruction on a student's IEP. These procedures are outlined under the heading "Recommending Home Instruction on the IEP."

The procedures outlined directly below apply to all students, including those with disabilities, who may require Home Instruction at some point, but do not require Home Instruction as a recommended program on their IEP.

### **GENERAL REQUIREMENTS FOR THE AUTHORIZATION OF DEPARTMENT OF EDUCATION HOME INSTRUCTION**

A student must be a New York City resident between the ages of 4.9 and 21 years of age who has not previously graduated from and/or been granted a local/regents diploma from a public, private or parochial high school.

The student must have a medical/physical and/or severe psychiatric condition which renders him/her unable to **temporarily** attend his/her customary school placement for an anticipated duration of at least four weeks. In these cases, students, including those with disabilities, are expected to return to their prior school placement when the short-term need for home instruction no longer exists.

**Please Note:** There is no change or amendment to the IEP for students with disabilities who are approved for temporary home instruction. The program recommendation remains the same as these students are expected to return to their recommended program when the short-term need for home instruction no longer exists.

Requests for Home Instruction for medical/physical conditions must include a fully completed **Home Instruction Referral Form, the Medical Request Form and a physician's request on official letterhead that includes the diagnosis and expected duration of the condition.** These referrals should be submitted directly to the appropriate Borough Office of Home Instruction.

Requests for Home Instruction for severe psychiatric conditions must include a fully completed **Home Instruction Referral Form, the Medical Request Form and a psychiatrist's request on official letterhead that includes the diagnosis, the reason that the student cannot attend school and the projected date that the student can return to school.** These referrals should be submitted directly to the Guidance Office of the Office of Home Instruction located at 3450 Tremont Avenue, Bronx NY 10465.

## **RECOMMENDING HOME INSTRUCTION ON THE IEP**



Home instruction may be recommended by the relevant IEP Team for students with disabilities who have a medical or psychological illness which prevents the student from attending a public or private facility for an extended period of time (i.e., one year or longer). Prior to recommending Home Instruction on the student's IEP, the IEP Team must submit the documentation to the Office of Home Instruction for review. Requests for Home Instruction for medical/physical conditions must include a fully completed Home Instruction Referral Form, the **Medical Request Form, and a physician's request on official letterhead that includes the diagnosis and expected duration of the condition.** These referrals should be submitted directly to the appropriate Borough Office of Home Instruction prior to recommending Home Instruction on the student's IEP.

Requests for Home Instruction for severe psychiatric conditions for students who cannot attend school for more than one year or longer must include a fully completed **Home Instruction Referral Form, the Medical Request Form and a psychiatrist's request on official letterhead that includes the diagnosis, the reason that the student cannot attend school and the projected date that the student can return to school.** These referrals should be submitted directly to the Guidance Office of the Office of Home Instruction located at 3450 Tremont Avenue, Bronx NY 10465 prior to recommending Home Instruction on the student's IEP.

Prior to recommending Home Instruction as the student's program on the student's IEP, the IEP Team must review the recommendation submitted by a DOHMH or DOE physician or DOE psychiatrist based on their review of documentation submitted (as described above) by parents and the student's medical providers.

Home instruction may be recommended by the relevant IEP Team for students with disabilities who are awaiting placement in a specialized setting, an SED-approved private school or a residential environment and cannot be maintained in their current setting with the addition of supplementary aids and services while the placement is being arranged.

If the request for Home Instruction is approved, instruction is provided by New York City public school teacher(s) at the student's home, or at another place outside of the customary school location.

When the physician/psychiatrist indicates that the student may return to school, an IEP meeting must be convened immediately and appropriate services recommended.

**Please Note:** For students with a program recommendation of Home Instruction, the Committee on Special Education must arrange the IEP Meeting and include the participation of the home instruction teacher. Like any mandated participant, the home instruction teacher may participate by phone if they have in front of them all documents that may be discussed during the IEP meeting.

## **EXPECTED CONTRIBUTION OF PARTICIPANTS DURING THE IEP MEETING**

### **District Representative**

- Chairs the IEP meeting
- Facilitates open discussion among all participants regarding issues related to eligibility for services and development or revision of the IEP
- Ensures parents are meaningful participants in the IEP process and encourages them to discuss their concerns about the child's education
- Provides information regarding the continuum of services, including supports and services available in the child's current school and those which are available in other schools in the district
- Explains how the law requires children with disabilities to be educated with nondisabled children to the maximum extent appropriate and that the IEP Team must consider whether the child can make satisfactory progress in the general education setting with supplementary aids and services before recommending other programs
- Ensures all program and service options are considered
- Builds consensus among team members on all issues before the IEP Team
- Ensures that the child's IEP includes the supports, services and accommodations the child needs to meet their IEP goals and to access and progress in the grade level curriculum and on New York State and district assessments as appropriate

- In the event that consensus cannot be reached regarding program and service recommendation for a student who is already receiving special education services, ensures that parents are fully informed of their due process rights

### **Psychologist**

- Invites the participation of all members
- Facilitates the completion of the IEP
- Ensures that the clerical/family worker distributes copies of the IEP to parents, teachers, and related service providers at the end of the meeting

### **Special Education Teacher/Related Service Provider:**

- Serves as case manager for all IEP Meetings that do not include the psychologist
- Shares information regarding the student's present level of educational performance, including progress toward IEP goals, if the student is presently receiving special education services
- Describes the student's learning style, behavior, attendance, and other relevant information
- Makes recommendations that will allow the student to participate in the least restrictive environment with priority for the student to remain in their current school.
- Makes recommendations regarding annual goals and benchmarks
- Assists in identifying supplementary aids and services the student may need to be successful in the general education classroom environment
- Suggests modifications for consideration during the administration of any assessments

### **General Education Teacher**

- Shares information regarding the student's present level of educational performance in the general education classroom environment
- Describes the student's behavior and relationship with peers in the general education classroom
- Shares information regarding the effect of any accommodations or modifications provided for the student in the regular education classroom, and makes recommendations for the continuation of those accommodations or modifications
- Provides information regarding the standards of that grade level

## **COMPLETING THE IEP DOCUMENT**

### **Overview of the IEP**

The purpose of the IEP is twofold:

- To document a student's eligibility for special education services; and
- To memorialize the school system's plan for providing a free appropriate public education that will meet the student's unique needs in the least restrictive environment.

A wide range of assessment procedures can be used to obtain information about a student's present levels of performance. Some examples are:

- Interviews with parent(s)
- Classroom observations
- Performance based assessments
- Teacher reports
- Information about the outcomes of academic intervention services
- Normative or criterion referenced assessments
- Interim assessments
- Functional behavioral assessments
- Medical evaluations

The present levels of performance should indicate the source of the information used such as teacher report, vocational assessments, etc.

It is important to remember that test scores must not be used to make decisions about students in isolation from other sources of information. Age and grade equivalents on formalized assessments are not reported on the IEP as they may be misinterpreted and lack relevance to functional performance. A percentile rank or stanine should be reported for formal assessment.

Present levels of educational performance (including current functioning, strengths, abilities and needs) in academic/educational achievement and functional performance; social/emotional development; physical development and management needs are key components to the IEP. The key questions that evaluation information should address to ascertain a student's present levels of performance include:

- What is it that the student can and cannot do? The student's strengths, weaknesses, and needs must be defined in operational terms.
- What are the student's strengths and abilities in each area assessed? The identification of a student's strengths can be one of the most significant factors in developing an IEP that builds on a student's interests and abilities. It is the strengths of a student that lead to success.
- What are the parent's concerns for the education of his/her child?
- Does the student require a particular device or service (including an intervention, accommodation, or other program modification) to address special factors related to the student's behavior, communication needs, limited English proficiency, visual impairment and/or the student's need for assistive technology devices or services?



**Performance levels of English Language Learners must discuss the impact of the student's language development in English and the other than English language, the student's relative strengths in each language and the student's language related needs.**

The discussion of the present levels of performance should be consistent with and support the need for the type and intensity of special education services described in the IEP. Present levels of performance must identify the skills that the student must learn. There must be a

direct relationship between the present levels of performance and the other components of the IEP. For example, if a deficiency in reading skills is described, this learning difficulty should be addressed by identifying the measurable annual goals (and short-term instructional objectives/benchmarks only for students participating in alternate assessment) related to this area. The IEP should identify the type (e.g., special education teacher support services) and intensity (e.g., one period daily of direct services) of special education and related services, program modifications or supports for school personnel necessary to carry out these objectives.

The following are sample statements to assist in writing present levels of performance adapted from the New York State Education Department's Training entitled "Practical Strategies for the IEP."

### **SAMPLE PRESENT LEVEL STATEMENTS**

#### ***What is it that the student can and cannot do?***

- Able to comprehend materials written at the third grade level
- Able to comprehend main ideas and identify some supporting details
- Has difficulty visualizing information that is presented only through text
- Classroom performance is inconsistent
- Intellectual functioning is within normal limits
- Initiates communication only with familiar adults
- Is easily distracted by other students
- Refuses to attempt difficult work
- Does not complete homework assignments
- Fatigues easily – puts his head on the desk to sleep at least once per period
- When listening to information, focuses on details rather than the main idea
- Memory for verbally-presented information is limited in all curricula areas
- Becomes easily confused with multi-step directions

### **SAMPLE STRENGTH STATEMENTS**

#### ***What strengths does the student have in these areas to build upon?***

- Is a strong visual learner
- Seeks out extra help from teachers
- Responds to positive suggestions
- Takes good notes in classes and maintains well-organized notebooks.
- Brings needed materials to classes
- Usually focused and attentive in classes
- Accepts constructive criticism
- Memory is adequate if paired with visual information
- Enjoys reading simple books with younger siblings
- Shows compassion for others and makes friends easily

## **SAMPLE PRIORITY EDUCATIONAL NEED STATEMENTS**

### ***What are the priority tasks/skills that this student must learn?***

- To generalize skills learned in the classroom
- To organize detailed information from the main concepts of a reading passage
- To use positive attention-getting behaviors
- To apply already developed functional academic skills in employment settings
- To convey desires and feelings more spontaneously
- To more consistently initiate needs for personal care and increase independence in feeding and dressing
- To interact with children and unfamiliar adults
- To ask questions so as to understand information being presented
- To use coping skills for dealing with teasing from peers

## **MANAGEMENT NEEDS**

### ***What are the environmental/instructional modifications and human and/or material support needed to address priority needs in achievement, social and physical domains?***

- Frequent breaks and rest periods
- Low stimulation environment to learn new skills
- Adaptations in the way instruction is delivered (e.g. using visual aids, hands on activities, focus on auditory learning)
- Individual behavior plan
- Adaptations in writing tasks
- Opportunities for generalizing skills
- Highlighted work and assignments sheets
- Simplify task directions

## **Annual Goals and Short-term Objectives**

The IEP must include measurable annual goals consistent with the student's needs and abilities. Annual goals and short-term objectives (for students participating in NYS Alternate Assessment) are established prior to determining the type and intensity of special education services required. The special education services recommended should be those that assist the student in progressing in the general education curriculum and the goals and objectives that have been developed to address the needs from the present levels of performance.

Annual goals are statements, which emanate from the present levels of performance and in measurable terms, describe a skill, knowledge or behavior that the student can reasonably be expected to accomplish within a twelve-month period. Goals may be academic, address social or behavioral needs, relate to physical needs or address other educational needs resulting from the student's disability. Annual goals must be specific to and reflect the students' needs as identified by the IEP Team. There must be a direct relationship between the annual goals and the present levels of performance. Annual goals must be measurable, clearly defined, observable outcomes written to:

- Meet the needs that result from the student’s disability to enable the student to be involved and progress in the general education curriculum to the greatest extent appropriate
- Meet the student’s other educational needs that result from the disability
- Identify the instructional level at which the student will be working
- Be related to the educational standards or skills appropriate for the student given his/her current level of performance

The IEP annual goals do not list everything a student is expected to learn in a year and are not a substitute for the general education curriculum. The IEP therefore, **is not intended to identify content area goals**. Instead, annual goals are linked to the learning standards established for all students by reflecting the foundation skills (e.g. reading, writing, listening) and/or strategies the student requires to master the content of the curriculum and meet standards established for all students. They focus on offsetting or reducing the learning or behavioral problems resulting from the student’s disability so that the student can access and progress in the general education curriculum or alternate performance indicators. The IEP Team must also write goals that address the student’s individual needs, including needs not necessarily related to the general education curriculum such as behavior and transition, where appropriate.



**Must the measurable goals be written for every area of the general education curriculum or only in those areas in which the student’s progress is affected by the student’s disability?**

The IEP Team should not include annual goals that relate to areas of the general education curriculum or school performance in which the student’s disability does not affect his/her ability to be involved and progress.

### Short-Term Objectives

**Short-Term Objectives are required only for students participating in NYS Alternate Assessment.** Short-term objectives are measurable, intermediate steps between present levels of performance and the outcome described in the annual goal. They should focus on providing direction to the teacher(s) or related service provider(s) on how to accomplish the goal, and provide benchmarks for measuring progress toward achieving the annual goal. They are not detailed lesson plans.



**May staff members complete the IEP (in whole or part) before the IEP meeting?**

Staff members may bring draft recommendations and goals to a meeting. If these are brought to a meeting, participants must be informed that they are in draft form and are subject to review.

### PROCEDURES FOR COMPLETING THE IEP MEETING

Please note that a discussion regarding available programs at the student’s current public school (or if articulating, the school of articulation, if known) and whether the student can remain in their current school (or school of articulation, if known) and be appropriately served

**must take place prior to completion of the IEP meeting.** Additionally, if the student is not able to remain in their current school, (or school of articulation, if known) the SEC system must be utilized to identify other available sites. Regardless of whether the student will be remaining in their current school, or will be attending a new school, detailed information about possible classes should be conveyed to the parent. This must take place prior to the end of the IEP meeting.

For additional information regarding LRE please refer to “Decision-Making at the IEP Meeting” in this Section.

At the conclusion of the meeting at which a final decision and recommendation is made, the following steps must be taken:

- The IEP is completed and provided to the parent regardless of whether a Final Notice of Recommendation was immediately provided to the parent. Upon the request of the parent, the IEP must be translated into the parent’s preferred language.
- If the meeting is a Subcommittee meeting, the parent must be informed of their right to request a Full Committee meeting
- If, after looking in the Special Education Component (SEC) placement system it is determined that the program is available at the student’s current school, a Final Notice of Recommendation must be completed and provided to the parent in their preferred language. If the parent was not in attendance, the IEP and FNR must be sent to the parent. If the parent agrees with the recommendation, written consent for an Initial case (and acknowledgement thereafter) must be obtained. **The A-1 Authorization to Attend** letter must be issued.

**Please Note:** If the student is remaining in their current program or is recommended to receive Related Services Only, or Special Education Teacher Support Services (SETSS) with or without Related Services, they will remain in their current school (or if articulating, the school of articulation).



If the **Special Class** program or **Collaborative Team Teaching (CTT) Services** recommended by the IEP Team are NOT available at the student’s current school then the District Representative must discuss with the parent the schools within the student’s district at which the program/service is available. The district representative will inform the Office of Student Enrollment of any preferences the parent expressed at the meeting regarding the school at which the student may be offered Special Class or CTT. The **SC/CTT Preference Form** must be used for this purpose, filled out by the District Representative and forwarded to the appropriate Office of Student Enrollment.

**Please Note:** Parents have a right to visit a program before or after providing consent, regardless of whether the program is located in the student’s current school or in a different school. In order to facilitate a visit should a parent request it, a contact person and their contact information will be provided on the Final Notice of Recommendation.

The following items must be completed and tracked in the computerized tracking system:

- The **Case Conference Summary Form**
- The **Final Notice of Recommendation**, if issued
- If the parent provided consent for the recommendation, the consent and **Authorization to Attend**
- The **Case Transmittal Form**

Additionally, a package containing the IEP, all reports, letters and other documents is prepared and sent to the Committee on Special Education Office to be placed in the student's official CSE file. The principal/designee is informed of the recommendation and if the student is remaining in the current school, a copy of the IEP, reports and consent must be placed in the student's confidential special education school file.

### **RESOLVING CONFLICTS**

If the IEP Team and the parent of a student cannot reach consensus at an IEP meeting, a hierarchy of conflict resolution strategies may be utilized:

- If the IEP Team was a Subcommittee meeting, the parent can request a meeting of the Full Committee on Special Education.
- If the IEP Team was a Full Committee, another meeting of the Full Committee with the participation of a representative from the Integrated Service Center as the District Representative can be requested.
- The parent may request mediation or an Impartial Hearing.

# SECTION 7: THE PLACEMENT OFFER, SERVICE DELIVERY AND IMPLEMENTING THE IEP

## IN THIS SECTION...

- Introduction
- Timeline for Arranging Services
- Case Closings in the Placement Process
- Considerations for Identifying a Site for Special Education Teacher Support Services (SETSS) and Related Services Only Recommendations
- Considerations for Identifying a Site for Special Class Services
- Requesting a Variance
- The Final Notice of Recommendation
- Final Notice of Recommendation Procedures for Students Found Ineligible for Special Education Services
- Issuing a Final Notice of Recommendation for Students Found Initially Eligible for Special Education Services
- Issuing a Final Notice of Recommendation After An Annual Review
- Issuing a Final Notice of Recommendation After Reevaluation
- Students who are Declassified
- Reviewing and Arranging Home Instruction
- Placement Deferred with a Site
- Placement Deferred without a Site
- Alternate Placement in Collaborative Team Teaching and Special Classes
- Converting a Bilingual Class to an Alternate Placement Class
- Placement Procedures for Alternate Placement Students Placed into Bilingual Classes
- Authorization to Attend
- Obtaining First Attend Dates for all Placements
- Untimely Special Class Placement Offer: Issuance of a P1-R Letter
- Guaranteed Enrollment Period
- Duration of Approved Non-Public School Enrollment
- Securing an Approved Non-Public School via a P-1R
- Procedures for P-1R Enrollment
- Determination that the Approved Non-Public School is Inappropriate
- Pendency for Students Attending Approved Non-Public Schools
- Arranging Special Education Teacher Support Services (SETSS)
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- The Enhanced Rate Approval Process
- Arranging Related Services on the Student's IEP
- Criteria and Procedures for Placement of a High School Student with a Disability on a Related Service Long Term Absence (LTA) Register
- Placement on a Related Service Long Term Absence (LTA) Register
- Identifying and Assigning an ESL Teacher
- Transportation: an Overview
- Arranging Specialized Transportation
- Transportation Voucher Procedures
- Transportation Reimbursement Procedures

## INTRODUCTION

This Section provides the reader with information regarding the arrangement and offer of recommended programs, services, and transportation once the student's eligibility for special education services has been determined and an IEP developed. This Section also provides information regarding appropriate remedies for untimely service delivery as well as information regarding consent for provision of services.



New York State Law and regulations of the Commissioner of Education require principals to ensure that general education teachers, special education teachers, and related service providers who are responsible for implementing a student's IEP be provided with a written or electronic copy of the student's IEP prior to implementation. These staff members must also be informed of their responsibilities in implementing the IEP. In addition, paraprofessionals who are responsible for assisting in the implementation of the IEP must be informed of their responsibilities and be provided an opportunity to review a copy of the IEP prior to the implementation. IEPs are confidential documents and must be kept in locations not accessible by students or staff members who are not responsible for implementing the IEP.

### TIMELINE FOR ARRANGING SERVICES

Following the development of a student's IEP and a recommendation for special education services, a site for the student to attend and receive special education services must be arranged. This is accomplished by sending the parent the Final Notice of Recommendation (FNR), indicating the school the student will attend and any special education services they will receive. The FNR must be sent within 60 school days from receipt of initial consent to evaluate, or within 60 school days from receipt of referral for reevaluations.

### CASE CLOSINGS IN THE PLACEMENT PROCESS

Cases may be closed in the placement timeline process for the following reasons:

- The student moved out of New York City

For an initial case only:

- Parental refusal to consent to recommended special education services after appropriate outreach has been conducted and documented
- Parental non-response for special education services after appropriate outreach has been conducted and documented

### CONSIDERATIONS FOR IDENTIFYING A SITE FOR SPECIAL EDUCATION TEACHER SUPPORT SERVICES (SETSS), COLLABORATIVE TEAM TEACHING (CTT) AND RELATED SERVICES ONLY RECOMMENDATIONS

To the greatest extent possible, students with disabilities should attend the schools they would normally attend if they did not require special education services to address their learning needs.

**Please Note:**

- New York City public school students initially recommended or currently receiving SETSS or Related Services Only should be offered the services at the New York City public school that they currently attend or the school to which they will be articulating.
- New York City public school students currently receiving Special Class or Collaborative Team Teaching services who are recommended to receive either SETSS or Related Services Only, should be provided the services at the New York City public school that they currently attend or the school to which they will be articulating.
- New York City students currently attending a District 75 or non-public school program who are recommended to receive either SETSS or Related Services Only should be offered the school they would normally attend if not disabled (to the greatest extent possible).

**CONSIDERATIONS FOR IDENTIFYING A SITE  
FOR SPECIAL CLASS SERVICES**

To the greatest extent possible, students with disabilities should attend the schools they would normally attend if they did not require special education services to address their learning needs. The following factors must be considered in identifying a special class:

- Proximity to the home of the student, with the home-zoned school as the first option for consideration. Consideration must also be given to the school the student is currently attending or the school of articulation
- Similarity of the individual needs of the students according to the levels of academic or educational achievement and learning characteristics, levels of social development, levels of physical development, and the management needs of the students in the classroom
- The language of instruction
- The age/grade appropriateness of the class

As a general rule, the achievement levels in reading and math should not exceed 3 years, except for special classes organized at 8:1:1, 6:1:1 and 12:1:4. If a school operates a class in which both reading and math achievement levels exceed 3 years, the school must provide the Office of Student Enrollment and the parents of students in the class with the range of reading and math achievement levels and the general levels of social development, physical development and management needs in the class by November 1st of each year. The parents (and teachers if not previously informed) of any new students entering that class must be provided a description of the class by the Office of Student Enrollment as detailed above.

**Age Range:**

- The age range within a special class for students under the age of 16 may not exceed 36 months
- The age range within a special class for students age 16 or older is not a consideration
- The age range within a special class of 12:1:4 is not a consideration



If due to a prolonged medical disability the child requires a limited bus ride, consideration must be given to the student's school placement and the distance from the child's home.

## REQUESTING A VARIANCE

The Office of Student Enrollment may request a variance from the special class sizes or age range prior to exceeding the requirement from the State Education Department. This is done by completing the **Variance Request Form**, signed by the Office of Student Enrollment Director of Special Education and mailed directly to the State Education Department at 55 Hanson Place, Brooklyn, NY 11217.

**Please Note:** Special Classes may be increased by no more than one student.

## THE FINAL NOTICE OF RECOMMENDATION

At the completion of the IEP Meeting at which the IEP Team makes a final program recommendation, a **Final Notice of Recommendation** is sent to the parent and principal of the school the student attends. The Final Notice will indicate the school offered to the student and the services they will receive. The type of notice sent will depend on whether the case is an initial, or whether the student has been previously identified as a student with a disability. The Final Notice of Recommendation reminds parents of their right to visit the site before or after providing consent, and must include a contact name and phone number so that a site visit may be arranged should a parent make such a request. Notices must be sent in the preferred language of the parent.

## FINAL NOTICE OF RECOMMENDATION PROCEDURES FOR STUDENTS FOUND INELIGIBLE FOR SPECIAL EDUCATION SERVICES

If a student is determined to be ineligible for special education services, meaning that the student does not meet the criteria for one of the 13 disabling conditions, or is disabled but does not require special education programs or services, or the determining factor is limited English proficiency or the lack of appropriate instruction in math or reading, including explicit and systematic instruction in phonemic awareness, phonics, vocabulary development, reading fluency (including oral reading skills) and reading comprehension strategies, the School Psychologist ensures that:

- The recommendation is entered into the computerized tracking system; and
- The **Final Notice of Recommendation to Remain in General Education** is generated and a copy of pages 1 through 5 of the IEP is sent/given to the parent and the school principal. The principal will use this information to determine, if appropriate, what alternative strategies or Academic Intervention Services are needed to assist the student and ensure, to the extent available, such services are provided to the student; and
- The completed case and all original documentation is sent to the Committee on Special Education Office to be placed in the student's CSE file. Copies must also be kept in the student's confidential special education file at the school.

## ISSUING A FINAL NOTICE OF RECOMMENDATION FOR STUDENTS INITIALLY ELIGIBLE FOR SPECIAL EDUCATION SERVICES

At the conclusion of the IEP Meeting for an **initial case**, if the student is found to be eligible for special education services, a recommendation for special education services is made and steps to arrange for services are taken, including reminding the parent that they have a right to visit the recommended site before or after providing consent. In an **initial case only**, written consent for the provision of special education services must be provided by the parent before any special education services are provided to the student. For additional information, please see procedures outlined in Section 6 "Completing the IEP Meeting."

If the student is remaining in their current school, or the student is articulating and the school is known to the IEP Team, the School Psychologist will ensure that the recommendation is entered into the computerized tracking system and once the IEP and the Final Notice of Recommendation is provided or sent to the parent, outreach is conducted by the Clerical/Family Worker in the school the child attends to secure parental consent for students remaining in their current school.

**Please Note:** If the student is not a public school student, outreach will be conducted by the Committee on Special Education Office. All outreach attempts must be documented on the Student Contact Sheet and filed in the student's special education file.

If the parent consents to the recommendation, the school psychologist ensures that an **A-1 Authorization to Attend** is issued to the parent, a copy of which must also be provided to the sending and receiving school.

If the school is not known at the time of the meeting, the Case Transmittal Form, the IEP, all reports, letters and other documents are immediately forwarded to the Office of Student Enrollment to secure a site and send the Final Notice of Recommendation and the IEP to the parent and the principal.

Regardless of whether the school is known or not known at the time of the meeting, the following steps must be taken to obtain consent:

- **By the 8th school day after the mailing of the Final Notice of Recommendation**, the clerical/outreach worker at the school the student currently attends or the Office of Student Enrollment (if the student is being placed in a new school) or clerical staff from the Committee on Special Education Office (if the student does not attend a New York City public school) attempts to contact the parent by telephone (at least two attempts should be at separate times of day) and/or makes a home visit, unless impractical. A second letter must also be sent to parent and sent home with the student if the parent does not have a telephone.
- **By the 13th school day after the mailing of the Final Notice of Recommendation**, and if all outreach efforts have been completed, and **consent has not been obtained**, the clerical outreach worker in the school the student currently attends, the Office of Student Enrollment, together with the student's current school, (if the student is being placed in a new school) or clerical staff from the Committee on Special Education Office (if the student does not attend a New York City public school) issues the **Placement Withdrawal Notice** to the parent and the principal/designee of the public school currently attended by the student and closes the case in the computerized tracking system. A copy of the letters and all outreach efforts are placed in the student's file at the Committee on Special Education Office.
- When the **Placement Withdrawal Notice** is entered into the computerized tracking system, the case is closed. If a parent subsequently signs for consent, the case is reactivated.



**May the Principal, the Office of Student Enrollment or the Committee on Special Education Chairperson request an impartial hearing if the parent does not consent to an initial Final Notice of Recommendation?**

No, the Department of Education **may not** request an impartial hearing to obtain consent for initial provision of special education services.

- If the parent consents to the recommendation, the Office of Student Enrollment ensures that an **A-1 Authorization to Attend** is issued to the parent, a copy of which must also be provided to the sending and receiving school.
- The Office of Student Enrollment also ensures that if the student's case file was not previously sent to the Committee on Special Education Office, a package containing the IEP, all reports, letters and other documents are prepared and forwarded to be placed in the student's file. Copies are also placed in the student's confidential special education school file.



**If the parent(s) refuses to consent, but requests another IEP team conference, what type of meeting must be held?**

The subsequent IEP Team must be a Full Committee, regardless of the type of Committee that originally convened.

### **ISSUING A FINAL NOTICE OF RECOMMENDATION AFTER AN ANNUAL REVIEW**

At the conclusion of the IEP Meeting that is an annual review for a student who is already classified, a recommendation for special education services is made and steps to arrange for services are taken, including reminding the parent that they have a right to visit the recommended site before or after providing consent. For additional information, please see procedures outlines in **Section 6**, "Completing the IEP Meeting."

If the student is remaining in their current school, or the student is articulating and the school is known to the IEP Team, the school will be responsible for ensuring that the recommendation is entered into the computerized tracking system and once the IEP and the Final Notice of Recommendation is provided or sent to the parent, that outreach is conducted by the Clerical/Family Worker in the school the child attends. Please note that if the student is not a public school student, outreach will be conducted by the Committee on Special Education Office. All outreach attempts must be documented on the Student Contact Sheet and filed in the student's special education file.

**Please Note:** A Final Notice Date and effective authorization date is entered.

If the school is not known at the time of the IEP Meeting, the Case Transmittal Form, the IEP, all reports, letters and other documents are immediately forwarded to the Office of Student Enrollment to secure a site. The Final Notice of Recommendation and the IEP must be sent to the parent and the principal. The school is responsible for ensuring that an **A-1 Authorization to Attend** is issued to the parent, a copy of which must also be provided to the sending and receiving school.

Regardless of whether the school is known or not known at the time of the meeting, the following steps must be taken. If the parent **refuses or indicates that they do not agree** with the program and/or services, the school psychologist, in consultation with the Principal or designee must:

- Identify with specificity the program and/or service(s) the parent is refusing
- Take immediate steps to resolve the parent's concerns. For example, if necessary, schedule a Full Committee IEP Meeting and if consensus is reached, send a new **Final Notice of Recommendation** reflecting any changes agreed upon. Additionally, the school must work with the Office of Student Enrollment to identify appropriate placement based on any changes

- If the parent still disagrees with the service(s), the school must inform the parent of their right to request an impartial hearing

If the parent **does not respond**, the school psychologist must ensure that:

- The clerical/outreach worker at the school the student currently attends (or clerical staff from the Committee on Special Education Office if the student does not attend a New York City public school) attempts to contact the parent by telephone (at least two attempts should be at separate times of day) and/or makes a home visit, unless impractical. A second letter may also be sent to parent and sent home with the student if the parent does not have a telephone. Outreach efforts must be documented on the **Student Contact Sheet**.

### **ISSUING A FINAL NOTICE OF RECOMMENDATION AFTER REEVALUATION**

At the conclusion of the IEP Meeting that is part of a reevaluation for a student who is already classified, a recommendation for special education services is made and steps to arrange for services are taken, including reminding the parent that they have a right to visit the recommended site before or after providing consent. For additional information, please see procedures outlines in **Section 6**, "Completing the IEP Meeting."

If the student is remaining in their current school, or the student is articulating and the school is known to the IEP Team, the school psychologist will ensure that the recommendation is entered into the computerized tracking system and once the IEP and the Final Notice of Recommendation is provided or sent to the parent, that outreach is conducted by the Clerical/Family Worker in the school the child attends.

**Please Note:** If the student is not a public school student, outreach will be conducted by the Committee on Special Education Office. All outreach attempts must be documented on the Student Contact Sheet and filed in the student's special education file.

**If the parent acknowledges the recommendation**, the school psychologist ensures that an **A-1 Authorization to Attend** is issued to the parent, a copy of which must also be provided to the sending and receiving school.

If the school is not known at the time of the IEP Meeting, the Case Transmittal Form, the IEP, all reports, letters and other documents are immediately forwarded to the Office of Student Enrollment to secure a site. The Final Notice of Recommendation and the IEP must be sent to the parent and the principal.

If the parent **refuses or indicates that they do not agree** with the program and/or services, the school psychologist, in consultation with the Principal or designee must:

- Identify with specificity the program and/or service(s) the parent is refusing
- Take immediate steps to resolve the parent's concerns. For example, if necessary, schedule a Full Committee IEP Meeting and if consensus is reached, send a new **Final Notice of Recommendation** reflecting any changes agreed upon. Additionally, the school must work with the Office of Student Enrollment to identify appropriate placement based on any changes
- If the parent still disagrees with the service(s), the school and/or the Office of Student Enrollment must inform the parent of their right to request an impartial hearing

If the parent **does not respond**, the school psychologist must ensure that:

- The clerical/outreach worker at the school the student currently attends (or clerical staff from the Committee on Special Education Office if the student does not attend a New York City public school) attempts to contact the parent by telephone (at least two attempts should be at separate times of day) and/or makes a home visit, unless impractical. A second letter may also be sent to parent and sent home with the student if the parent does not have a telephone. Outreach efforts must be documented on the **Student Contact Sheet**.

### **STUDENTS WHO ARE DECLASSIFIED**

If a student is being declassified from special education programs and services, the following steps must be taken by the school psychologist/designee:

- A **Final Notice of Recommendation: Annual Review or Reevaluation** will be generated at the IEP meeting and sent/given to the parent for the student to remain in the same school or return to the school they would attend if they were not disabled. A copy of the **Final Notice of Recommendation: Annual Review or Reevaluation** must be provided to the Committee on Special Education for filing.
- If the parent is in attendance and agrees with the recommended services, the parent must be given the opportunity to sign acknowledgement at the meeting.
- The date the recommended changes are to go into effect should be no earlier than fourteen (14) days from the date the notice is mailed to the parent.
- Notify the principal/designee of the recommended changes.
- Ensure that copies of all documents are placed in the student's confidential special education school file and the student's official file at the Committee on Special Education Office.

For additional information regarding Declassification, please refer to "Declassification from Special Education Services" in **Section 6**.

### **REVIEWING AND ARRANGING HOME INSTRUCTION**

For information regarding making a recommendation for Home Instruction, please refer to Section 6 "Making a Recommendation for Home Instruction."

The Borough Office or Guidance Office of Home Instruction receives the **Home Instruction Referral Form**, the **Medical Request Form** and the **Letter from the physician/psychiatrist**. The request is reviewed by a Department of Health Mental Health (DOHMH) physician or DOE psychiatrist prior to Home Instruction being recommended.

If the request is approved, the Borough Office of Home Instruction will contact the referring school and student/family directly to schedule commencement of service. The Home Instruction teacher will arrange the Annual Review meeting with the general and special education teachers in the school with which the student is affiliated.

If the request is denied, the Borough Office will contact the referring school and the parent or the Committee on Special Education Office by phone and in writing.

The referring school should confirm immediately that the student and parent have been informed that the request for Home Instruction has been denied. All efforts must be made to return the student to the usual school placement immediately.

### **PLACEMENT DEFERRED WITH A SITE**

If the recommendation for a deferred placement is made, a **Notice of Recommended Deferred Placement: Initial** or **Notice of Recommended Deferred Placement: Annual Review or Reevaluation** will be provided to the parent. The parent is notified of their right to disagree with the decision to defer.

If the student is initially eligible for special education services, the procedures outlined in “Issuing a Final Notice of Recommendation for Students Initially Eligible for Special Education Services” must be followed. If the student is previously identified as a student with a disability, as applicable, either the procedures outlined in “Issuing a Final Notice of Recommendation After an Annual Review” or “Issuing a Final Notice of Recommendation After Reevaluation” must be followed.

**Please Note:** The parent may disagree with the deferment, in which case the student must be placed within designated timelines.

### **PLACEMENT DEFERRED WITHOUT A SITE**

If the recommendations for a deferred placement is made, the appropriate **Notice of Recommended Deferred Placement** will be provided to the parent. The parent is notified of their right to disagree with the decision to defer.

If the parent is in attendance, the **Notice of Recommended Deferred Placement** will be given to them at that time. The **Notice of Recommended Deferred Placement** must be completed to reflect the projected service initiation date for the deferred placement and the IEP Team rationale for the deferment. At least twenty (20) school days prior to the projected date of initiation of services, or by August 15th for placements deferred until September, a site must be determined and a **Final Notice of Recommendation** sent to the parent notifying him/her of the school. The FNR is sent as soon as possible.

The student’s name will continue to appear on the awaiting site offer report as “Deferred without a Site.”

**Please Note:** While August 15th is the last date to send the FNR for Final Notices deferred until September, it is highly advisable to send the FNR before that time so that both schools and parents may plan for enrollment.

### **ALTERNATE PLACEMENT IN COLLABORATIVE TEAM TEACHING AND SPECIAL CLASSES**



If an appropriate bilingual class is not available in the district or neighboring districts, the Office of Student Enrollment must designate an appropriate alternate placement for the student. A Collaborative Team Teaching Class is considered bilingual if one of the two teachers is a certified bilingual teacher. An alternate placement is an interim service provided to an English Language Learner for whom the recommended bilingual class is not available.

For students scoring at the beginning or intermediate levels on the LAB-R/NYSESLAT, the IEP Team will determine if a bilingual paraprofessional needs to be assigned to the class. This determination will be based on the language proficiency of the student as determined by the language proficiency assessments given as part of the student’s evaluation.

The principal is responsible for ensuring that the classroom teacher receives 10 hours of training in English as a second language methodology, techniques and materials, if such

training has not already been provided. In order to promote more effective instruction, the Office of Student Enrollment is responsible for clustering alternate placement students according to their functional needs, appropriate age range and language group. To the extent appropriate, the Office of Student Enrollment should form alternate placement classes rather than having individual students with alternate placement paraprofessionals in many different classes.

The Office of Student Enrollment will contact the sending school to amend the student's IEP as follows when an alternate placement has been designated:

- Page 1 of the IEP is amended to indicate alternate placement: English class with ESL.
- If an alternate placement paraprofessional has been recommended, the following must be added "alternate placement paraprofessional in (specify language of student)".
- A **Final Notice of Recommendation for Alternate Placement** is issued to the parent.

The student in an alternate placement remains "awaiting a site offer" until such time as the student is placed in an appropriate bilingual class, or it is determined that the student does not require bilingual services. The number of students in alternate placements should be reviewed regularly, but not less than twice a year. This process will highlight the number of students of specific language groups who can be clustered to form alternate placement classes. In addition, it will assist the Office of Student Enrollment in determining the need to form bilingual classes.

### **CONVERTING A BILINGUAL CLASS TO AN ALTERNATE PLACEMENT CLASS**



If a licensed bilingual teacher is no longer available, and the school is unable to find an appropriately licensed replacement, the vacancy may be filled by a non-bilingually licensed teacher until a bilingual teacher is found. The principal is responsible for ensuring that the teacher receives 10 hours of training in English as a second language methodology, techniques and materials, if such training has not already been provided. In these cases, the principal/designee will inform parents of the change and will arrange for each student to have an IEP Meeting. At the meeting, the IEP is amended to reflect the alternate placement.

Additionally, in this situation, a paraprofessional who is bilingual in the language of the student(s) is assigned to the class (if such a person is not already assigned.)

When an alternate placement has been designated:

- A **Final Notice of Recommendation for Alternate Placement** is given/sent to the parent with the IEP.
- A copy of the Final Notice of Recommendation and the IEP must be forwarded to the Committee on Special Education Office to be filed into the student's official CSE record.
- The clerical/outreach worker assigned to the school psychologist enters the appropriate Final Notice code into the computerized tracking system, changes the class code to reflect a monolingual class and files the documents in the student's confidential special education file.

Once the steps indicated above are complete, the student is considered "awaiting" a bilingual class.

## PLACEMENT PROCEDURES FOR ALTERNATE PLACEMENT STUDENTS PLACED INTO BILINGUAL CLASSES



When forming new bilingual classes, the Office of Student Enrollment should prioritize the placement of students who were previously in alternate placements prior to placing new referrals.

After receiving notification of seat availability, the Special Education Evaluation and Placement Officer will proceed as follows:

- A copy of the **Final Notice of Recommendation** and the IEP with the original bilingual recommendation is sent to the parent.
- The appropriate Final Notice code is entered into the computerized tracking system.
- The class code for a bilingual designation in the computerized tracking system is utilized.

**Please Note:** No IEP Meeting is required as the original IEP with the bilingual recommendation is now in effect.

### AUTHORIZATION TO ATTEND

An authorization letter is issued to the student's parents when consent is received to inform them of the school the student will be attending and the date on which attendance should begin. There are two types of authorization letters:

- The **Authorization to Attend a Special Education Program** is sent or provided to the parent after consent for the provision of services is provided, acknowledgement of the provision of services is given, or when the service change is made in accordance with the steps outlined above. A copy of this letter is also sent to the principals of the sending and receiving school. Additionally, a clinical package is sent to the principal of the receiving school to be placed in the student's confidential special education school file.
- The **Authorization to Attend a Special Education Program as a Comparable Service** is sent or provided to the parent of a student with a disability who is entering a New York City school from a school district outside of New York City and a New York City IEP has not yet been developed. In these instances the student must receive services comparable to those s/he received previously until a New York City IEP is developed. The Authorization Form, the student's previous IEP, and clinical materials are sent to the receiving school. Copies of the letters are to be placed in the student's confidential special education file.

**Please Note:** For additional information regarding this process, please refer to Section 8, "Students Entering New York City from a New York State District" and "Students Entering New York City From Out of State."

### OBTAINING FIRST ATTEND DATES FOR ALL PLACEMENTS

The school clerical/outreach worker assigned to the school psychologist must reconcile the First Attend Date for special education students in the student's primary program in the computerized tracking system. First Attend Dates are transferred electronically for students in Special Classes and Collaborative Team Teaching classes from ATS to the special education computer tracking system.

On a weekly basis, reports identifying students awaiting first attend dates (674 Report) must be reviewed by the schools to verify those students awaiting a First Attend Date. The clerical/ outreach worker assigned to the school psychologist will follow-up with the principal/designee and enter first attend data into the computerized tracking system.

For students in District 75, each building administrator must designate a staff member responsible for putting in the First Attend Date. District 75 staff will data enter the First Attend Date into the computerized tracking system.

Additionally, the Office of Student Enrollment staff must review the 314/674 Reports on a weekly basis.

When a student has been authorized to attend a different school and has not attended by the 10th school day after authorization, the principal/designee in the school the student is attending ensures that the following steps are taken:

- Verifies that the student has not attended the new school
- Contacts the parent as defined in Section 1 under “outreach” and attempts to resolve the issues

If a student is accepted into an Approved Non-Public School, day or residential, the CBST case manager gets a copy of the acceptance letter and confirms that the parent is accepting the school. The IEP Team immediately reconvenes a new IEP Meeting and issues a new **Final Notice of Recommendation**, which, if the case is an initial case, requires parental consent. CBST then authorizes the student and enters the First Attend Date in the computerized tracking system.

### **UNTIMELY SPECIAL CLASS PLACEMENT OFFER: ISSUANCE OF P1-R LETTER**

When a **Final Notice of Recommendation** for a **special class** has not been offered to a student on or before the 60th school day from the date of consent for initial referrals or from the 60th school day of receipt of referral for previously identified students, the Department is obligated to provide the parents with a letter (**P1-R**) on the 60th school day that entitles the student to placement in a State approved Non-Public School at public expense.

If, however, there is documented parental delay (i.e., the parent of a student repeatedly fails or refuses to produce the student for evaluation, the parent refuses to consent to initial evaluations, the student moves out of New York City, the principal and parent agree to withdraw the referral, the referral is withdrawn by the referring party or the parent requests an independent evaluation which is completed beyond the compliance timeline), the Special Education Evaluation and Placement Officer may refrain from sending the **P1-R** to the parent for a period of time beyond the original 60th school day equal to that attributable to the period of substantial parental delay.



**Q: We were not able to offer a Collaborative Team Teaching class on or before the 60th school day. Can we offer the parent a P1-R?**

A: No. The **P1-R** is a remedy that is only available to a student who received a Final Notice of Recommendation on or after the 60th day and whose program recommendation is special class.

**Q: The FNR was sent in a timely manner. The parent agreed with the program recommendation on the IEP, but wants a different school. The 60th day has now passed. Can we issue a P1-R?**

A: No. The FNR was timely and the parent is therefore not entitled to a **P1-R**. The parent may pursue her due process rights.

Please see “Arrangement of SETSS” and “Arrangement of CTT” in this section for additional information regarding when a **P1-R** may be issued.

In some cases, the timeframe for issuing a **P1-R** depends on the referral date and whether or not the Department subsequently has the ability to offer placement in a public school. The Special Education Evaluation and Placement Officer sends the parent a **P1-R** letter, a copy of the most recent IEP, and a list of New York State approved Non-Public Schools that would be most appropriate for the student.

#### **Timeframe for students Turning 5 years of Age**

If the 60th school day occurs between June 1st and August 15th, the **P1-R** letter is not issued until August 15th of that year.

For students whose evaluations have been completed and an IEP has not yet been generated on or before the 60th school day from the date of consent for initial referrals or from the date of receipt of referral for previously identified students, the following steps must be taken:

- The parent is sent or otherwise provided a **P1-R** eligibility letter. Attached to the **P1-R** are all completed evaluations and the listing of approved Non-Public Schools appropriate to the student’s suspected area of disability
- A review is immediately scheduled and an IEP generated, as appropriate

<b>Referral Type</b>	<b>Referral Period</b>	<b>P1-R Issuance Date</b>
Students turning 5 years of age	September 1st - March 1st	June 15th
	March 2nd - April 1st	July 15th
	April 2nd - May 10th	August 15th
	May 11th- September 1st	5 school days after compliance date if FNR not issued

If there has been substantial documented parental delay (i.e., the parent of a student repeatedly fails or refuses to produce the student for evaluation, the parent refuses to consent initial evaluations, the student moves out of New York City, the principal and parent agree to withdraw the referral, the referral is withdrawn by the referring party or the parent requests an independent evaluation which is completed beyond the compliance timeline) the Special Education Evaluation and Placement Officer may refrain from sending the **P1-R** to the parent for a period of time beyond the original 60th day equal to that attributable to the period of substantial parental delay provided appropriate outreach efforts have been made.



After issuance of the **P1-R**, the Special Education Evaluation and Placement Officer must continue to look for appropriate placement and issue an FNR if an appropriate site is identified. These students are still reported as awaiting an FNR. **Please note that the obligation to find an appropriate placement does not end upon issuance of the P1-R.**

### **GUARANTEED ENROLLMENT PERIOD**

**P1-R** letters include a period of “guaranteed enrollment.” Guaranteed enrollment means that parents have the right to place their child in an appropriate approved non-public day school even if a **Final Notice of Recommendation** for a **public school program** is issued during the specified guaranteed enrollment period.

- **P1-R** letters issued on or after August 15th and received by the parent prior to the opening day of school, shall have a “guaranteed enrollment” period through September 15th of the school year
- **P1-R** letters issued on or after June 15th for students turning 5 years of age and received by the parent prior to the opening of school, shall have a “guaranteed enrollment” period through September 15th of the following school year
- **P1-R** letters issued after the opening day of school, and prior to June 15th, shall have a “guaranteed enrollment” period of ten (10) school days beyond its receipt if hand delivered; fourteen (14) school days from the date of mailing to the last address provided by the parent

### **DURATION OF APPROVED NON-PUBLIC SCHOOL ENROLLMENT**

If a student begins attending a New York State approved non-public school via a **P1-R** eligibility letter that is issued between:

- August 15th – March 15th of any school year entitles all school age eligible recipients to attend a New York State approved NPS placement for that school year only. The student’s services for the following school year will be determined during the Annual Review meeting
- March 16th - June 15th of any school year entitles all school age eligible recipients to attend a New York State approved NPS placement for that school year and the entire following school year only, if the student enrolls in a New York State Approved NPS during this time period. The student’s services for the ensuing school years will be determined during the Annual Review meetings
- June 15th - August 15 entitles all school age eligible recipients to attend a New York State Approved NPS for the following school year

### **SECURING AN APPROVED NON PUBLIC SCHOOL (NPS) PLACEMENT VIA A P1-R**

There are several different scenarios to keep in mind once the parent is issued a **P1-R**:

- (1) The parent secures an NPS within the guaranteed enrollment period and a public school placement is found within that timeframe.**

When, as a result of the issuance of a **P1-R** letter, a parent secures a Non-Public School placement within the guaranteed enrollment period, and a public school program is offered within the same time period, the parent has a right to decline the public school offer and place the student into a Non-Public School during that period using the **P1-R**.

**(2) Parent does not secure an NPS within the guaranteed enrollment period and no public school program offered within the guaranteed enrollment period.**

If a parent does not secure a Non-Public School placement within the guaranteed enrollment period, and no public school program has been offered, the parent may enroll in a Non-Public School placement after the guaranteed enrollment period ends and until a Final Notice of Recommendation is issued. In this case the student remains in his/her current school or for a student who never attended a New York City public school, an Interim Service Plan must be developed.

**(3) Parent does not secure an NPS within the guaranteed enrollment period and a public school program is offered during or after the guaranteed enrollment period.**

The **P1-R** is no longer valid and the parent may no longer seek to utilize the **P1-R**.

**PROCEDURES FOR P1-R ENROLLMENT**

If, at any point during the student's eligibility period, the Non-Public School accepts the student, the Non-Public School should promptly telephone the Committee on Special Education Office (or the Office of Student Enrollment if the student is currently attending a New York City public school) regarding the date of acceptance and the date on which service has been or will be initiated and provide a copy of the **P-2**.

Upon receipt of the **P-2** letter, the Committee on Special Education Office (or the Office of Student Enrollment if the student is currently attending a New York City public school) will arrange transportation through the ATS system. If a public school site was offered during the "guaranteed enrollment period," the public school seat must be relinquished.

A copy of the **P1-R** and the **P-2** must be forwarded to CBST. CBST will data enter the Final Notice of Recommendation, Consent, Authorization and the First Attend Date into the computerized tracking system.

The IEP Team must recognize that placement of a student into a Non-Public School setting through the **P1-R** process does not establish an educational need for such a setting. Subsequent IEP Meetings must consider an appropriate setting in the least restrictive environment and a timely and appropriate public school placement should be offered.

A public school placement recommendation will in no way jeopardize an appropriate **P-2** placement. Copies of the IEP must be provided immediately to the parent, the CBST and the Non-Public School.

**If the IEP Team has failed to develop an IEP at the time of issuance of the P1-R letter:**

- The Non-Public School at the time of **P-2** enrollment must develop, with the participation of the parent, a **Temporary Service Plan** which will be used by the Non-Public School for delivery of services and by CBST to determine the appropriateness of the student's unilateral placement. The Non-Public School must immediately complete the **Temporary Service Plan** and provide a copy to the CBST
- The IEP Team must develop the IEP with the appropriate program recommendation as soon as possible but not later than ten (10) school days after the receipt of the **P-2** notification. Notwithstanding the student's placement at the time of IEP development, the recommendation for services must reflect the educational needs of the student in the least restrictive environment

## **DETERMINATION THAT THE APPROVED NON-PUBLIC SCHOOL IS INAPPROPRIATE**

If CBST determines that the Non-Public School placement is not appropriate, the CBST will:

- Confer with the IEP Team, the Non-Public School and parent(s) to discuss the recommendation and the possibility of funding disapproval.
- Issue the **CBST 9-R** letter.
- Confer with parent(s) to determine their plan of action in continuing or discontinuing the student's placement in the Non-Public School.
- Issuance of the **CBST 9-R** shall trigger discontinuation of transportation services for the student identified, unless the student is eligible for the transportation services pursuant to Assembly Bill legislation, or an impartial hearing is requested.

## **PENDENCY FOR STUDENTS ATTENDING APPROVED NON-PUBLIC SCHOOLS**

When a parent or the Department of Education requests an impartial hearing or participates in mediation, pendency, a "stay-put" provision, allows the student to remain in his or her "last-agreed upon placement" until the impartial hearing process (including all appeals) is completed, unless the parent and IEP Team otherwise agree to an alternative.

The pendency placement for a student attending a State Approved Non-Public School is the current private school unless the current private school placement cannot be considered because of age limitations, (i.e. graduation or articulation). In such cases, the IEP Team must, in consultation with the parent, generate a new interim placement recommendation until the completion of the Impartial Hearing process.

To ensure continued funding during due process proceedings, a photocopy of the parent's written request for an Impartial Hearing as well as a completed **STAC-1 form** (indicating "Pendency Placement" across the top of the form) must be submitted to CBST.

## **ARRANGING SPECIAL EDUCATION TEACHER SUPPORT SERVICES (SETSS)**

For those continuing students, the Department will make best efforts to provide SETSS services to a student who is recommended to receive SETSS on the first scheduled date of attendance of the new school year. For continuing students or students with placements deferred to the start of the school year in September, the Department will identify and assign a DOE SETSS teacher within 2 school days of the start of the school year in September. During the school year, the Department will identify and assign a DOE SETSS teacher within 2 school days of acceptance of the FNR to newly recommended students.

If a DOE teacher is not available, an authorization for SETSS Services (a "P-3 Authorization") should be issued within an additional 5 school days. The **P-3** Authorization will set forth the frequency and duration of services. The parent will be provided with information on available providers and instructions on how to invoke the **P-3**. The parent will also be provided with information regarding whom to contact at the DOE for assistance.

## **ARRANGING COLLABORATIVE TEAM TEACHING (CTT)**

If CTT is the recommended program for the student on his or her IEP, then an FNR must be issued within 60 school days. If an FNR is not issued within 60 school days, **and**

- The student's current educational placement is in a **more** restrictive environment (i.e., special class, NPS, home instruction, or residential placement), **then** the student will remain in the more restrictive environment, unless DOE and the parent

agree otherwise. If the more restrictive placement is a Special Class, and the Special Class is not available in accordance with the terms outlined in “Untimely Special Class Placement Offer” in this Section, a **P1-R** will be issued.

If CTT is the recommended program for the student on his or her IEP **and**

- An FNR offering the student’s parent a public school placement for CTT is not issued by the 60th school day, **and**
- The student’s current placement is in a **less** restrictive environment (i.e., general education, SETSS, related services only), **then** the DOE will provide the student with two periods a day of SETSS in the school in which the student is currently enrolled as an alternative.

If multiple SETSS are not available in the student’s current school, the ISC, in consultation with the Office of Student Enrollment, (or the CSE if the student is non-attending, or attending a Charter, private or parochial school) will provide the student’s parent with a **P-3** letter authorizing the parent to identify an appropriately licensed non-DOE provider of SETSS services at public expense for two sessions of SETSS per day. Additionally, the parent will be sent information on available providers, instructions regarding how to invoke the letter, and contact information at the DOE for assistance.



If there is substantial documented parental delay (i.e., the parent of a student repeatedly fails or refuses to produce the student for evaluation, the parent refuses to consent to initial evaluations, the student moves out of New York City, the principal and parent agree to withdraw the referral, the referral is withdrawn by the referring party or the parent requests an independent evaluation which is completed beyond the compliance timeline), the Integrated Service Center or Committee on Special Education Office may refrain from sending the **P-3** to the parent for a period of time beyond the original 60th day equal to the period of substantial parental delay provided appropriate outreach efforts have been made.

In order to utilize the **P-3**, the following steps must occur:

- The parent selects a provider. Department of Education staff may assist the parent in identifying a provider.
- Any provider must be fingerprinted by the Department of Education. Any individual who was fingerprinted prior to July 1, 1990 must be re-fingerprinted.
- The individual selected as a provider must complete the **P-4 Letter** and attach a copy of their current license and fingerprint clearance. The **P-4 Letter** and accompanying documents must be forwarded to a designated individual at the school or Committee on Special Education Staff.

**Please Note:** P-3 service providers may not be current Department of Education employees.

### **THE ENHANCED RATE APPROVAL PROCESS**

If a student is entitled to SETSS services and a provider cannot be identified by the parent, a request for an “enhanced rate” may be made. Parents are informed in the **P-3** letter that if they have made good faith efforts to identify a provider and were unsuccessful, they are to contact the ISC/CSE representative indicated on the letter.

Upon receipt of the appropriate substantiating document to support a request for an enhanced rate for SETSS services, the ISC Deputy Executive Director of Special Education (or the CSE Chairperson for non-attending students or students attending private, parochial or charter schools) must review the submission and make the final determination whether to approve the request. Selected providers must have the appropriate credentials as outlined in the **P-3** Letter and may not be an employee of the New York City Department of Education.

The following documentation must be provided prior to approval:

- Name and address of the service provider
- Service to be provided
- Date service should begin and end
- Number of sessions per week
- Duration of session
- Cost per session
- The **Parent's Affidavit**, filled out its entirety and notarized
- The **Provider's Affidavit**, filled out its entirety and notarized
- A copy of the Resolution Agreement (if one exists)
- The name, address and telephone number of the independent provider

### **ARRANGING RELATED SERVICES ON THE STUDENT'S IEP**

If monolingual and bilingual counseling, monolingual and bilingual speech, occupational therapy and/or physical therapy are recommended on a student's IEP:

- The ISC (or the CSE if the student is non-attending, attending a Charter, private or parochial school) will identify and assign a DOE provider within 2 school days of parent consent to the Final Notice of Recommendation during the school year. For continuing students or students deferred to the start of the school year in September, DOE will identify and assign a DOE provider within 2 school days of the start of the school year in September
- If a DOE provider is not available, the ISC (or the CSE if the student is non-attending, attending a Charter, private or parochial school) will issue a request for services to an agency under contract with the DOE. If the DOE is unable to locate a related service provider within an additional 13 days, the appropriate ISC or CSE will issue a **Related Service Authorization letter ("RSA")** to the parent. The parent will be provided with information on available providers and instructions regarding how to invoke the RSA. The parent will also be provided with contact information at the DOE for assistance.

### **CRITERIA AND PROCEDURES FOR PLACEMENT OF A HIGH SCHOOL STUDENT WITH A DISABILITY ON A RELATED SERVICE LONG TERM ABSENCE (LTA) REGISTER**

Prior to placement on an LTA register for any related service, the related service provider(s) in consultation with their school administrator and in-discipline supervisor should implement strategies to improve attendance to the related service in the high school. Some suggestions are as follows:

- At the opening of school, the appropriate related service supervisor(s) should provide the related service provider(s) and the Principal or Principal's designee with a list of the students who require service and the corresponding IEP mandates. For newly recommended students, the information should be provided within 5 days of the student's authorization to receive services.

- The related service provider(s) should schedule the student for services and then notify the student and the student's subject teacher as to the day and periods of related service session(s).
- To improve attendance, the supervisor and the related service provider(s) could develop a flexible schedule. Staggered arrival and departure times allow students to be served before and after the school day and accommodate students with extended-day programs. For example, the provider's schedule might involve two days a week arriving 0 period and leaving after 7th period, two days a week arriving 2nd period and leaving after 9th period, and one day arriving 1st period and leaving after 8th period.
- The related service provider(s) may serve students in or out of the classroom setting. In-class service is an option when a sufficient number of students require the same related service, can be programmed together, have similar needs, and can achieve their goals within the classroom. For example, during English Language Arts where literacy and language skills are taught, speech service may be infused. Offering push-in services will reduce absences for Related Services sessions if students are attending their regular classes. **However, related service(s) may not be provided during the provision of mandated SETSS service.**

**Please Note:** Any change in the location of Related Services (in class, separate location) must result from an IEP Meeting and be specified in the location of service section of the student's IEP.

If employed, the strategies described above may improve student participation in mandated related service(s). However, if all efforts fail and a student is consistently absent from related service(s), steps should be taken to place the student on a Related Service LTA Register.

### **PLACEMENT ON A RELATED SERVICE LONG TERM ABSENCE (LTA) REGISTER**

- A student should be placed on a Related Service LTA Register after being absent for 6 consecutive service weeks from his or her scheduled related service, excluding provider's absences or officially-excused student absences. The minimum number of consecutive sessions a student—in the case of a student receiving service once per week—can miss before being placed on the Register is six.
- Before placing a student on the Related Service LTA Register, the provider must conduct outreach to the parent between the 3rd and 5th missed week, using the LTA Notice to Parent Letter in the appendix.
  1. Make a minimum of one phone call to the student's home
  2. Send written notice home—via certified mail—stating that the student is in jeopardy of removal from the active Related Service provider schedule and placement on a Related Service LTA Register
  3. Log all outreach efforts and keep copies of written correspondence in the student's school file.
  4. Maintain student attendance records identifying absences.
- Upon reaching the 6th week of missed service, after attempts to improve attendance have failed and proper outreach has been conducted, the parent is notified via certified mail that the student is being placed on the Related Service LTA Register and will specify the related service. The parent and student are invited to request a meeting if they disagree with the placement of the student on the LTA Register.

The school representatives at the meeting are the Related Service provider and a professional designated by the Principal. All participants are informed that the student will no longer be programmed for the related service and that service can resume at any time with a commitment from the student that he/she will attend regularly. If a commitment is made at the meeting, the student will not be placed on the Related Service LTA Register.

- Services can resume at any time with a commitment from the student that he/she will attend regularly.
- The school's data-entry person should enter into CAP the student's placement on the Related Service LTA Register after the meeting. This will be accomplished by entering "Refused Service" in the field for assigned provider. This will permit these students to be identified and sorted when reporting related service data.
- Before the start of the next term—during Regents week—the Principal/Designee and the Related Service provider should meet with the students on the Related Service LTA Register. If a student commits to attend the related service, the service should be scheduled. If the student cannot commit to attending, the student should remain on the Related Service LTA Register.
- During the annual review of a student who has been on the Related Service LTA Register, a determination should be made whether the related service is still necessary or if it should be terminated.

**Please Note:** If the student is in a Related Services Only program, and the service is only that Related Service, a reevaluation must be conducted to terminate the service.

- When a student has been on the Related Service LTA for two consecutive terms, the Related Service provider will no longer attempt to program him/her for services. However, outreach attempts should be made to the student by Principal/Designee.
- If at any time in the future, a student on the Related Service LTA Register requests to be reprogrammed for services, he/she will be readmitted to the caseload as long as the current IEP continues to mandate the service.
- If a student on the Related Service LTA Register transfers to a new site/school, he/she is considered a new admission and should be scheduled to receive service. Should the student again miss 6 consecutive service weeks, the same procedures should be followed to place him/her on the Related Service LTA Register.

## **IDENTIFYING AND ASSIGNING AN ESL TEACHER**

During the school year, a DOE provider must be assigned within 2 school days of parent consent to the Final Notice of Recommendation. For continuing students or students deferred to the start of the school year in September, DOE will identify and assign a DOE provider within 2 school days of the start of the school year in September.

If a DOE ESL teacher is not available, an authorization for ESL Services (the "**ESL Authorization**") should be issued within an additional 5 school days. The ESL Authorization will set forth the frequency and duration of services. The parent will be provided with information on available providers and instructions regarding how to invoke the **ESL Authorization Form**. The parent will also be provided with information regarding whom to contact at the DOE for assistance.

## **TRANSPORTATION: AN OVERVIEW**

Students with disabilities who are not recommended for specialized transportation on their IEP are entitled to the transportation services according to the same criteria as general education students pursuant to Chancellor's Regulation A-801.

For example, students attending a general education class out of their home school/district who will receive their special education services in the same school and who have not been recommended for specialized transportation on their IEP, will continue to be transported to and from school as they were prior to receiving special education services. In instances where the student is entitled to general education transportation but it is not available, the student should be offered special education (door-to-door) transportation until such time that general education transportation becomes available. In the ATS system a "G" must be placed in the box entitled "Ambulatory Status."

Students who change residence within New York City are entitled to remain in their current school of register until completion of the terminal grade. If the recommended services are available in the home zoned school/district and the student is not recommended for specialized transportation on his/her IEP, the parents shall assume responsibility for pupil attendance and punctuality. These students will not be eligible for yellow bus transportation to their previous school (See Chancellor's Regulation A-801), except in cases involving students in temporary housing.

### **ARRANGING SPECIALIZED TRANSPORTATION**

For students attending public school, it is the responsibility of the SEEPO (or for students attending a District 75 program, the District 75 designee) to immediately arrange for transportation through the ATS system for students who require specialized bus transportation. For non-attending students, students attending non-public, parochial or charter school, this is the responsibility of the Committee on Special Education Office or CBST. The ATS system is also used when initiating, deleting or changing transportation services.

If a student who is homeless/living in temporary housing has moved and has an IEP indicating that specialized transportation is mandated, the ISC (or if the student is non-attending, or attending a private, parochial or charter school, the CSE) must contact OPT within 24 hours of receiving consent from the parent for the new school placement. OPT will arrange for a special vehicle for these students within 5 business days. If a child using this service is absent for more than 3 consecutive school days without the company being informed of the reason for the absence, the bus company must contact OPT. In such cases, service for the child will be suspended until further notice.

In the case of homeless students who attend District 75 Citywide Program sites, District 75 placement personnel must be contacted and will then arrange for placement and/or transportation.

If any student is residing in a Domestic Violence Shelter, the address of that shelter must remain anonymous and will not be entered into ATS. Instead, an **OPT-77 Form** must be completed and forwarded to OPT. Transportation must be arranged directly with OPT.

**Please Note:** For information related to recommending specialized transportation on an IEP, please refer to "Recommending Specialized Transportation" in **Section 6**.

### **TRANSPORTATION VOUCHER PROCEDURES**

Students for whom a site has been offered and whose Authorization to Attend Letter or transportation is being provided after the 60th day (without documented parental delay) will be entitled to reimbursement for parent arranged transportation until Department of Education busing commences.

## **TRANSPORTATION REIMBURSEMENT PROCEDURES**

In those instances where a **Transportation Reimbursement Voucher** and corresponding **Parent Letter** explaining that the parent is entitled to reimbursement were attached to the **Authorization to Attend Letter**, or subsequently sent to the parent, the Special Education Evaluation and Placement Officer or designee will, after receipt of the completed **Transportation Reimbursement Voucher** from the parent:

- Verify the child's school attendance on the days the parent transported the child privately
- Verify the start date of bus service with the Office of Pupil Transportation
- Review the documentation regarding the type of transportation used and the amount spent
- Sign approval for the reimbursement

**Exception:** Under extraordinary circumstances, when the parent is financially unable to afford the cost of privately transporting his/her child according to reimbursement procedures, advance payment authorization shall be granted **ONLY** with the approval of the Committee on Special Education Chairperson or the Deputy Executive Director of Special Education at the appropriate ISC as follows:

- The parent shall be offered a MetroCard for public transportation. The Committee on Special Education Chairperson or the Deputy Executive Director of Special Education at the appropriate ISC shall be responsible for maintaining appropriate documentation

In those exceptional circumstances where public transportation is impossible, advanced payment authorization shall be granted and implemented as follows:

- If the parent requires advance payment, the **Advance Payment for Transportation Letter** must be utilized along with the **Parent Letter**. Payment authorization shall be granted **ONLY** with the approval of the Committee on Special Education Chairperson or the Deputy Executive Director of Special Education and will only be generated for a period of two school weeks at a time.
- Before any additional payments are made, the Special Education Evaluation and Placement Officer or designee must verify the student's attendance for the time period covering the previous payment. If the student was absent, the Chairperson must make the appropriate adjustment by reducing the requested payment for the next time period accordingly.

# SECTION 8: SERVICE DELIVERY AND PLACEMENT PROCESSES INVOLVING SPECIAL CIRCUMSTANCES

## IN THIS SECTION...

- Introduction
  - Homeless Students/Students in Temporary Housing
  - Arranging Services for Students Attending Charter Schools
  - Arranging Services for Students Attending Private Schools Funded by their Parents
  - Placement Procedures for Students with Disabilities Turning Five Years of Age
  - Placement Procedures for Students Turning Five Years of Age Not Previously Identified as a Student with a Disability
  - Extended (12-month) School Year Services
  - Procedures for Students Leaving the School System (“Aging out”)
  - Students Discharged from Hospital Settings
  - Transition Procedures for Students Discharged from the Office of Children and Family Services (OCFS) Placement Returning to a NYC Public School
  - Note Regarding Students Moving Among NYC Districts
  - Students Entering NYC from a New York State School District
  - Students Entering NYC from Another State
  - Pendency Placement for Students Turning Five Years of Age
  - Students Awaiting Placement Paraprofessionals
  - Placement Procedures for Students for Whom Parents Have Withdrawn Consent for Special Education Services
-

## **INTRODUCTION**

This Section provides the user with placement and service delivery information regarding students in special circumstances. These special circumstances include but are not limited to students who are homeless/living in temporary housing, enrolled in private schools, charter schools, and out-of-state students or students who are entering or re-entering New York City public schools. Additionally, information is provided regarding extended year services, students who are discharged from hospital settings and students who are aging out of the preschool setting.

### **HOMELESS STUDENTS/STUDENTS IN TEMPORARY HOUSING**

A homeless student who is living in temporary housing must be placed in an expedited manner and is a placement priority, a requirement mandated by the McKinney-Vento Homeless Assistance Act, a federal law.

The student remains eligible to attend the school the student was attending when last permanently housed, the last school in which the student was enrolled (either school is considered the “school of origin”), or a new school the student would attend based on the geographic “zone” of the temporary housing site or in conjunction with the procedures outlined below. For some students, remaining in their school of origin will help ensure stability and continuity; for others this option may not be preferable if their family has moved a significant distance.

If the student enrolls in a new school, the following paragraphs apply:

- A student with a disability who is recommended for Special Education Teacher Support Services (SETSS) or Related Services Only may attend the school that is zoned for the location of the temporary housing site or any school that non-homeless students who live in the attendance area are eligible to attend. Homeless students follow the same procedure as all New York City students in the case where there is no zoned school in their school district as outlined in Chancellor’s Regulation A-780.
- For elementary and middle school students recommended for Collaborative Team Teaching, or Special Classes, the school will be determined by the Office of Student Enrollment. For all students recommended for D75 programs, the school will be determined by the D75 placement office.

### **ARRANGING SERVICES FOR STUDENTS ATTENDING CHARTER SCHOOLS**

If a student who currently attends a Charter School is determined by an IEP Team at the Committee on Special Education Office to be eligible for special education services, the IEP Team develops an appropriate IEP for the student and:

- Issue a Final Notice of Recommendation
- If the Charter School has a service delivery model that is different from the New York City Department of Education Continuum of Services and the IEP Team has determined that the program at the Charter School would meet the student’s identified educational needs, the Charter School is written on Page 1 of the IEP as a program to be provided only at that school
- If the IEP Team has determined that the student’s needs are such that the Charter School cannot appropriately provide the level of special education services needed, the Committee on Special Education Office must make a NYC Department of Education public school site offer to the parent

If a Charter School seeks to have the New York City Department of Education arrange for services, the school must make a written request to the Committee on Special Education Office that identifies the student and the service being requested. The Committee on Special Education Office may exercise any one of the options listed below:

To Arrange for **Related Services**, the Committee on Special Education Office may:

- Provide the service using a Department of Education employee
- Utilize agencies under contract
- Provide the parent with a Related Service Authorization (RSA)

To Arrange for **Special Education Teacher Support Services (SETSS)**, the Committee on Special Education Office may:

- Provide the service with a Department of Education employee
- Issue a **P-3** authorization letter, as appropriate

The New York City Department of Education will not arrange for a full-time service at the Charter School. In this instance, the Charter School may continue the student's enrollment if the charter school provides the service, either on its own or by contracting with a third-party provider.

### **ARRANGING SERVICES FOR STUDENTS ATTENDING PRIVATE SCHOOLS FUNDED BY THEIR PARENTS**

If parents have responded to the Final Notice of Recommendation informing the Department that they want to receive the recommended special education services but will place their child in a private school at their expense, the student may continue to be entitled to special education services during the school day at public expense.

If the student is recommended for **Related Services**, the Committee on Special Education Office may:

- Provide the service using a Department of Education employee
- Utilize agencies under contract
- Provide the parent with a Related Service Authorization (RSA)
- **Special Education Teacher Support Services (SETSS)**, the Committee on Special Education Office may:
  - Provide the service with a Department of Education employee
  - Issue a **P-3** authorization, as appropriate

The New York City Department of Education does not arrange for Special Class or Collaborative Team Teaching services at the parent-funded private school. In these cases, a public school site has already been offered where the child may receive these services. Parents may opt to reject the offer of a Collaborative Team Teaching class or a special class and request the provision of recommended Related Services only.



If the parent chooses to remain in the private school then the computerized tracking system must reflect the appropriate school code for the private school.

## **PLACEMENT PROCEDURES FOR STUDENTS WITH A DISABILITY TRANSITIONING TO A SCHOOL-AGE PROGRAM (“TURNING FIVE” YEARS OF AGE)**

For information regarding referral and evaluation process for students transitioning to School-Age programs, please see Section 2, “Referrals for Preschool Students with a Disability Transitioning to School-Age Special Education Programs.”

Special Education Services for school-age students commence September 1st of the calendar year they turn five. As these students enter the school system, providing an appropriate educational program in the least restrictive environment is the goal of the IEP Team and the Office of Student Enrollment.

The mandated timeframe for completing all necessary assessments, recommending appropriate services, and sending a Final Notice of Recommendation for students transitioning to school-age is June 15th or:

- If the student was identified as a student with a disability after March 1st, but prior to April 1st, the Office of Student Enrollment must offer appropriate services by July 15th
- If the student was identified as a student with a disability after April 2nd, but prior to May 10th, the Office of Student Enrollment must offer appropriate services by August 15th
- If the student was identified as a student with a disability after May 11th, the Office of Student Enrollment must offer appropriate services within compliance timelines, i.e., as a regular referral

Although the initiation of service begins in September, the **Notice of Recommended Deferred Placement** should not be issued. Instead, the **Final Notice of Recommendation: Annual Review or Reevaluation** is issued for students exiting a special education preschool program. The site and the date services to commence must be indicated.

**Please Note:** New York State law entitles preschool students requiring twelve month services to receive these services through August of the calendar year in which they turn five.

## **PLACEMENT PROCEDURES FOR STUDENTS TURNING FIVE YEARS OF AGE WHO ARE NOT PREVIOUSLY IDENTIFIED AS A STUDENT WITH A DISABILITY**

For those students who have never been identified as a student with a disability, the **Final Notice of Recommendation: Initial** is issued with the site indicated. If a parent refuses to provide consent for a student to whom a **Final Notice of Recommendation: Initial** has been issued, the case may be closed after appropriate outreach and follow-up as defined in Section 1.

## **EXTENDED (12-MONTH) SCHOOL YEAR SERVICES**

For information regarding recommending Extended School Year services, please refer to Section 6, “Recommending Extended (12-month) School Year Services.”

When the IEP Team recommends extended school year services for students currently recommended for a 10-month program, written consent is required the first time it is recommended. No additional consent specifically for this purpose is required thereafter.

- If the parent attends the IEP meeting, then consent must be obtained on the **12-Month School Year Consent Form** at the end of the meeting.

- If the parent is not in attendance, then the Office of Student Enrollment (or the Committee on Special Education if the student is non-attending, or attending a private, parochial or charter school) must mail the **12 Month School Year Consent Form** to the parent along with the **Final Notice of Recommendation**.
- For initiation of extended school year services to be provided by District 75 in July for a student who is not yet known to District 75, the Office of Student Enrollment, (or the Committee on Special Education if the student is non-attending, or attending a private, parochial or charter school) will send a copy of the signed **12 Month School Year Consent for Placement** and the student's IEP to:

District 75  
400 First Avenue - Placement Office  
New York, New York 10010

**Students whose program location will change for the months of July and August must be notified of the new site location by June 15th.**

**Please Note:** Students currently in a 12-month program who are recommended for a 10-month program to be initiated in September remain eligible to receive July/August services in their current program.

### **PROCEDURES FOR STUDENTS LEAVING THE SCHOOL SYSTEM (“AGING OUT”)**

Students:

- Who turn 21 years of age prior to June 30th are neither eligible for July/August programming, nor are they eligible for educational services the following September
- Who turn 21 years of age between July 1st and August 31st are eligible to receive July/August programming only if the IEP recommended an extended school year
- Who turn 21 years of age on or after September 1st are eligible to receive publicly funded educational services through June 30th of the following year

### **STUDENTS DISCHARGED FROM HOSPITAL SETTINGS**



There are times when students are discharged from psychiatric hospitals without a discharge plan that has included discussion and participation with the Committee on Special Education Office Staff. When such a student is referred to the Committee on Special Education Office, the CSE Office must **immediately** contact the person who made the referral and arrange an IEP meeting to develop an IEP and secure a school placement for the student.

If the case is deferred to the CBST, an appropriate Interim Placement must be determined by the IEP Team and an ISP developed pending placement. Please note that students are not to be placed on home instruction except in very rare circumstances where the student's needs cannot be met in any other setting.

In those instances where Home Instruction is recommended, the Committee on Special Education Office must immediately provide the IEP to the Home Instruction Office with a cover letter indicating that this student has been discharged from a hospital setting. Home instruction must begin immediately. **It is the responsibility of the Committee on Special Education Office to ensure that the home instruction has been arranged.**



If the staff at Committee on Special Education Office that received the referral believes that they are no longer responsible for this student, they must hold the IEP meeting anyway and immediately following the IEP meeting, arrange for the transfer of the case.



## **TRANSITION PROCEDURES FOR STUDENTS DISCHARGED FROM OCFS PLACEMENT RETURNING TO A NYC PUBLIC SCHOOL**

In order to facilitate the transition of students with disabilities returning to New York City Public Schools, the releasing facility must forward the following information to the Borough Enrollment Office at least thirty school days prior to the student's release:

- The **Referral Form**
- All Progress Reports, classroom observations, current clinical material including but not limited to a social history report, psychological, teacher reports, and other evaluation information (e.g., medical, when appropriate)
- The most recent State-developed IEP
- Any and all current school records, including but not limited to report cards and/or transcripts or other educational records
- Full name, date of birth, current address and telephone number of the parent, as well as the student's residence upon release, and contact person if other than parent (e.g., after-care worker, social worker, probation officer)

Upon receipt of the referral package, the Borough Enrollment Office will forward the information to the designated liaison at the Committee on Special Education Office.

The Committee on Special Education Office will enter the referral in the computerized tracking system, review the student's package of information and determine if additional information is needed. If additional information is needed, they will contact the individual listed on the referral form as the point of contact, obtain consent for additional testing, and schedule an IEP meeting.

Prior to the student's discharge, an IEP meeting must be held to develop a New York City IEP utilizing information from the releasing facility and existing information in the student's file. The Committee on Special Education Office, with the Borough Enrollment Office, will identify a school for the student to attend consistent with the student's new IEP, and upon the student's appearance at the Student Enrollment Office.

**Please Note:** The Principal/Designee at the receiving school will ensure that the student receives services mandated on the IEP.

If the releasing facility does NOT forward information to the Department, the Committee on Special Education Office, together with the Borough Enrollment Office will identify a school for the student to attend as a comparable service based on the student's last New York City IEP as indicated in the Student Information System.

## **NOTE REGARDING STUDENTS MOVING AMONG NYC DISTRICTS**

For students moving from a New York City “district” to another New York City “district” (e.g., parent moves from District 1 to District 10) while in the process of being evaluated and/or placed, the case is continued in the new “district.” The case is NOT closed and re-opened; rather, the case remains open.



### **STUDENTS ENTERING NYC FROM A NEW YORK STATE SCHOOL DISTRICT**

When a student moves from a school district within New York State to New York City, and it has been reported that the student received special education services in the prior district of attendance, the Committee on Special Education Office must accept the eligibility determination as it was developed in accordance with New York State’s Regulations, and, in consultation with the parents, provide the student with services comparable to those received in the other district.

The student’s records, including the IEP, supporting documents, and any other records relating to the provision of special education services provided to the student from the previous school in which the student was enrolled must be obtained immediately (not longer than 5 days).

After meeting with the parent to discuss comparable services, the **Authorization to Attend a Special Education Program as a Comparable Service** is sent or provided to the parent. This Authorization Form, the student’s previous IEP, and clinical materials are sent to the receiving school. Copies of the letters are to be placed in the student’s official record.

Within 30 days of the student’s enrollment at the school, the IEP Team at the school must develop an IEP in accordance with procedures laid in out in this manual.



### **STUDENTS ENTERING NYC FROM ANOTHER STATE**

When a student moves from a school district in another state to New York City, and it has been reported that the student received special education services in another state, in consultation with the parents, the school must first provide such student with a free appropriate public education, including services comparable to those described in the previously developed IEP.

The student’s records, including the IEP, supporting documents and any other records relating to the provision of special education services provided to the student from the previous school in which the student was enrolled must be obtained immediately (not longer than 5 days).

The school district must then determine whether it will adopt the most recent evaluation materials and IEP provided by the prior school district. Since each state has its own eligibility requirements, the student’s evaluation materials and IEP might not necessarily be consistent with standards established by New York State.

The IEP Team will review the current IEP and evaluation materials and determine if the student meets the New York State eligibility criteria. If the IEP Team agrees that the student needs special education services, the team will develop a new IEP. The IEP Team must provide the appropriate notice to the student’s parents and arrange for services in accordance with procedures laid out in this manual.

In the meantime, comparable services must be determined in consultation with the parent and provided. Additionally, the **Authorization to Attend Special Education Program as a Comparable Service** must be provided to the parent.

If the IEP Team elects not to adopt the eligibility determination and the IEP from the previous state, the Team must evaluate the student without undue delay. The social worker must obtain parental consent immediately following the meeting. Arrangements must be made to immediately provide the student with services comparable to the previous IEP. The evaluation will be completed by the IEP Team at the school.

### **PENDENCY PLACEMENT FOR STUDENTS TURNING FIVE YEARS OF AGE**

When a party requests an impartial hearing or participates in mediation, pendency, a “stay-put” provision, allows the student to remain in his or her “last-agreed-upon placement” until the impartial hearing process (including all appeals) is complete, unless the parent and the IEP Team agree to an alternative. The last agreed upon placement is the placement that was agreed to by both the Department of Education and the parent.

If student has been receiving preschool special education services through a CPSE, the student will be placed in a school age program most similar to the one he/she attended in preschool if the hearing continues beyond the start of the new school year. If the student attended a special education preschool program which also has a state-approved school-age program, the student may receive services in the school-age program until the end of the Impartial Hearing process.

Students who have been classified by the Committee on Preschool Special Education for placement in a special education preschool program, but whose parents never consented to the placement, are referred to the Committee on Special Education Office for evaluation and placement during the year they turn five. If an Impartial Hearing is requested as a result of the recommendation made, the pendency placement for these students is general education kindergarten.

### **STUDENTS AWAITING PLACEMENT PARAPROFESSIONALS**

It is the responsibility of the principal to arrange for the assignment of the “Awaiting Placement Paraprofessional.” Additionally, on-going and documented attempts to secure appropriate placement in recommended program must be made.

Upon Authorization for the newly recommended placement, the principal must immediately initiate termination procedures for the Awaiting Placement Paraprofessional.

### **PLACEMENT PROCEDURES FOR STUDENTS FOR WHOM PARENTS HAVE WITHDRAWN CONSENT FOR SPECIAL EDUCATION SERVICES**

Parents may elect to withdraw their consent for IEP special education services at any time after consenting to special education services. When consent is withdrawn, it is for all IEP special education and related services. Parents can not withdraw consent for only a portion of the IEP special education and related services.

Within 10 calendar days of receipt of written notice withdrawing consent, the school/CSE must send the parent a completed Notice of Termination of Special Education Services Due to Withdrawal of Consent, located in the Appendix of this document. This notice outlines the IEP special education services the student has most recently received, and will no longer be receiving. The notice also indicates the general education placement that the student will attend.

For all students with disabilities (students attending community school district schools and high schools, students attending District 75, charter, private, parochial or non-public schools or non-attending students) where consent for special education services has been withdrawn, the completed Notice of Termination of Special Education Services Due To Withdrawal of Consent (only the general education placement should be left blank) in the parent's preferred language and the parent's letter withdrawing consent is immediately forwarded to the Office of Student Enrollment to identify a site. The Office of Student enrollment will send out the notice with the general education site included. The student will be offered the right to return to general education in their current school or to return to their home zone school if a seat is available. The Office of Student Enrollment will enter the date the notice was sent to the parent and the date services will be terminated into the computerized tracking system.

# SECTION 9: POST-IEP MEETING DUE PROCESS: IMPARTIAL HEARINGS AND HEARING DECISION IMPLEMENTATION

## IN THIS SECTION...

- Introduction
  - Mediation Overview
  - When Mediation Should not be Utilized
  - Impartial Hearing Request Procedures
  - Required Information for Impartial Hearing Requests
  - Pre-Impartial Hearing Obligations
  - Impartial Hearing Staff Responsibilities
  - The Impartial Hearing Implementation Process
  - Pendency Note
-

## INTRODUCTION

This Section provides the reader with information regarding required due process procedures to address the basis of the parent's impartial hearing request. Additionally, this Section reviews the Impartial Hearing process itself, when a hearing is held, when one can be requested by the Department and steps required to implement an impartial hearing decision.

## MEDIATION OVERVIEW

Mediation is the process by which a neutral third party assists and encourages parties in conflict to reach a settlement of a dispute that will be satisfactory to all parties. The Department of Education informs parents of their right to request mediation in all due process notices. Additionally, the Department has the right to request mediation, as long as the parent agrees. The parent may terminate mediation at any point.

To request mediation, the parent should submit a written request for mediation to the building administrator for students attending a public school or to the Committee on Special Education Office. If a request is made to the building administrator, the request must be immediately forwarded to the Integrated Service Center. The mediation meeting will generally be held within two weeks of the date of the parent's written request for mediation. The mediator at the Community Dispute Resolution Center (CDRC) is the responsible party for scheduling the meeting. The State currently proposes that the mediation shall occur at one of the seven CDRC offices, or satellite offices located at various locations in the five boroughs. Mediation may also be held at the school.

## WHEN MEDIATION SHOULD NOT BE UTILIZED

There are two situations in which mediation should **NOT** be utilized:

- Request for Attorney's Fees

Pursuant to federal and state law only a court (**not** an Impartial Hearing Officer), in its discretion, may award reasonable attorney's fees to parents or guardians of a student with a disability who are determined to be a prevailing party in any action or proceeding brought pursuant to the IDEIA.

- Parent Request for Non-Approved Non-Public School Placement

A Parent requesting a placement for their child in a Non-Approved Non-Public School is a request that cannot be determined by a mediator; this type of decision remains under the purview of the Impartial Hearing Office.

## IMPARTIAL HEARING REQUEST PROCEDURES

While parents are fully entitled to request an Impartial Hearing, the Department of Education is urged to attempt to resolve the issues in dispute before a parent makes a request for an Impartial Hearing, whenever possible:

- By meeting with the parent(s)
- Through Mediation
- By administrative intervention with other offices of the Department for issues such as compensatory services, transportation, related services, identification, etc.

The Impartial Hearing is a due process right afforded to a parent(s) by the IDEIA. The parent may request an impartial hearing with respect to the identification, education placement, the evaluation, classification, and appropriateness or timeliness of the recommended program.

A **Principal** may request a hearing under the following circumstances:

- To require a parent to consent for any evaluation as part of an initial referral or reevaluation

- To defend the decision to deny a parent’s request for payment for an independent evaluation
- To request placement in an IAES setting for a student who is substantially likely to injure him/herself or others if the student remains in the current placement
- To defend the decision to effectuate a change in the student’s program recommendation and a placement as a result of a reevaluation or annual review ONLY (not as part of an initial case).

## **REQUIRED INFORMATION FOR IMPARTIAL HEARING REQUESTS**

A request for an impartial hearing must contain the following information:

- The student’s name
- The student’s address (or contact information if the student is living in temporary housing or is homeless)
- The name (or number) of the school the student is attending
- A description of the nature of the problem, including relevant facts
- A proposed resolution, or the reason why the parent cannot suggest a resolution at that time

Please see the **Request for Impartial Hearing Form**. Requests for Impartial Hearings are forwarded to the Office of Impartial Hearings at 131 Livingston Street, Room 201, Brooklyn, New York, 11201. This Office oversees the administrative aspects of all Impartial Hearings, including processing requests, scheduling hearings, ensuring availability of hearing officers, and forwarding decisions to appropriate parties.

**Please Note:** A parent must be provided with the procedural safeguards notice upon request for impartial hearing.

For Students who attend public school, the procedures outlined below must be completed by designated ISC staff in conjunction with school staff.

For non-attending students, students attending private, parochial and charter schools, the procedures outline below must be completed by designated staff at the Committee on Special Education.

## **PRE-IMPARTIAL HEARING PROCEDURES**

### **Sufficiency of Impartial Hearing Requests**

If the Impartial Hearing Request does not contain the required information detailed above, then the Request is “insufficient.” If the Request is “insufficient,” this must be conveyed within 15 calendar days of receipt of the impartial hearing request to the Impartial Hearing Office through the IHS system. The impartial hearing office will forward the insufficiency request to the Impartial Hearing Officer assigned to the case.

The Department may then be asked to provide the Impartial Hearing Officer (IHO) with an explanation as to why the parent’s request is insufficient. The IHO will make a determination regarding sufficiency within 5 days and the parent may be asked to amend their complaint. Timelines for the entire process will recommence at the time of the filing of the amended impartial hearing request.

The IDEIA requires the district to take formal action toward resolving impartial hearing requests prior to proceeding with the hearing itself. The expected outcome of this new requirement is both a reduction in the number of impartial hearings held and, ultimately, the number of impartial hearing requests made by parents.

## The Due Process Response

Within 10 calendar days of the Impartial Hearing Request, the Department must complete the **Due Process Response Form**. This form includes an explanation of the IEP team action/inaction, a description of documents the IEP used in making the program recommendation, and other factors relevant to the IEP Team response.

## Resolution Meeting

Within 15 calendar days after the receipt of the impartial hearing request, a DOE representative in a supervisory position and who has specific knowledge of the details alleged in the Impartial Hearing request must meet with the parent to discuss the impartial hearing complaint, the facts that form the basis the complaint, and possible resolution(s) to the complaint.

### Exceptions:

- If the parent and the Department agree in writing to waive the resolution session, the impartial hearing office must notified, and an impartial hearing will be scheduled within 14 calendar days.
- If the parent withdraws the request for impartial hearing, a resolution does not need to be held.
- If, after documented attempts have been made to schedule a resolution session, the parent does not participate and does not waive the session in writing, the Impartial Hearing Office must be informed.

## Who attends a Resolution Session

The parent(s) and a member of the school/ Integrated Service Center or the Committee on Special Education Office who is an individual in a supervisory position with decision-making authority, and has specific knowledge of details alleged in the request for Impartial Hearing. This role may be filled by one of the following individuals but not limited to:

- Committee on Special Education Chairperson
- Administrator of Special Education Services
- Supervisor of Psychologists
- Supervisor of Speech Improvement
- Supervisor of Occupational or Physical Therapy
- Special Education Evaluation, Placement and Program Officers

The parent and Department of Education representative have 30 calendar days from the date the impartial hearing request was made during which to resolve the issues presented in the parent's request for an impartial hearing. If parties are able to come to a resolution, the **Resolution Agreement Form** must be completed detailing the terms of the agreement and the expected implementation or completion date. **The Resolution Agreement must be signed by both the parent and a DOE representative who has the authority to bind the DOE.**

**Please Note:** An attorney representing the Department of Education may not attend the Resolution Meeting unless the parent is accompanied by an attorney. Additionally, the Agreement is a legally binding agreement that is enforceable in State and Federal Court and the Agreement may be voided in writing within 3 days by either party.



If the impartial hearing request involves any District 75 service or placement, a District 75 representative must be informed of the date, participate, and give approval for any agreement.

## **IMPARTIAL HEARING STAFF RESPONSIBILITIES**

While Impartial Hearing Representatives/IEP Teams represent the Department at Impartial Hearings, the preparation and presentation of Impartial Hearing cases requires the combined efforts of the IEP Team as well as other school staff.

The Impartial Hearing Representatives/IEP Team representative prepares the case, a process which includes the following steps:

- Selecting and forwarding documents for disclosure five business days before the scheduled hearing date.
- Choosing and fully preparing witnesses from the Committee on Special Education Office, the School, Integrated Service Center, Central Offices, or from outside the Department of Education. If the witness is school-based staff, this must process must include contacting the Principal to ensure staff has adequate coverage.
- Preparing the case by carefully reviewing each document submitted by both the school or Committee on Special Education and the Parent; spending time discussing the case with witnesses.
- Presenting the case at the hearing.

### **Using psychologist, social worker, related service provider, and teacher testimony**

The goal is to provide a cogent profile of the needs of the student, how this was determined and how it is used to develop an appropriate IEP. Begin by establishing each person's educational credentials and work background, and whether they have knowledge and involvement with the student and the case.

### **Defending a Placement**

The Department has to demonstrate that the placement offered is appropriate and therefore a class (and its functional grouping) must be defended. Testimony must make it clear how the specific needs of the student will be met, how the child will be grouped for instruction, how the teacher will deal with behavior issues and how the IEP compares to the IEP of the other students.

## **THE IMPARTIAL HEARING DECISION IMPLEMENTATION PROCESS**

The impartial hearing decision is a legally binding document that must be implemented in its totality unless appealed by either the parent or the Office of Legal Services. The Integrated Service Center/Committee on Special Education Office is responsible for tracking implementation of all aspects of the Orders that do not require immediate payment.

Impartial Hearing Officer decisions are emailed or otherwise forwarded to the Integrated Service Center/ Committee on Special Education Chairperson and then to the Impartial Hearing Implementation Designee. The Designee is responsible for tracking the implementation of IHO decisions. The Integrated Service Center/ Committee on Special Education has 35 days from the date of receipt of the Order to implement the decision. Tracking must be completed on a web-based system, currently DAITS (the Decision Action Item Tracking System).

Additionally, all Resolution Agreements must be entered into the tracking system and fully implemented.

For questions regarding the implementation of specific service items (e.g., Issuance of a P1-R, obtaining an assistive technology evaluation, etc.), please refer to the appropriate topic in the Table of Contents.

### **PENDENCY NOTE**

Notwithstanding a limited exception in the context of student discipline, pendency begins on the day an impartial hearing is filed and applies throughout the impartial hearing process, including all appeals. During the course of this process, the student has the right to remain in his or her last agreed upon placement, which means that the student **may not be moved** unless the parent and the DOE have otherwise agreed.

# SECTION 10: STUDENTS SUBJECT TO DISCIPLINE

## IN THIS SECTION...

- Students with Disabilities Subject to Discipline: An Overview
  - MDR Guidance: A Step-by-Step Review
  - Required Steps Following the MDR
  - The Special Education Suspension Plan: An Overview
  - Guidelines for Making a Special Education Instructional Program Recommendation
  - Guidelines for Making a Recommendation for Related and Support Services
  - Suspension Transportation Guidelines
  - Implementing the Special Education Suspension Plan
-

## **STUDENTS WITH DISABILITIES SUBJECT TO DISCIPLINE: AN OVERVIEW**

Students with disabilities and students for whom a 504 Plan has been developed who are removed from their current educational programs for more than 10 school days are entitled to specific protections under the Individuals with Disabilities Education Improvement Act (IDEIA) and Federal and State Regulations.

### **Manifestation Determination Review Notification**

The Suspensions and Office of Hearings Online system (SOHO) will send a notification to the school that the school must schedule and conduct an MDR under the following circumstances:

- If the student is suspended by the Superintendent and the disposition results in the student being removed for more than 10 consecutive days; or
- If the imposition of either a Teacher Removal or Principal's Suspension will result in the student being removed for more than 10 aggregate school days in a 40 day period

In addition, where a Principal seeks to impose a Principal's Suspension or a Teacher Removal and there have been multiple disciplinary actions involving the student during the current school year that constitute more than 10 days, the Principal must determine whether this student's behavior constitutes a pattern. The Principal can access the student's disciplinary history in SOHO. If the Principal determines that a pattern exists, an MDR must be scheduled by the Principal and noted in SOHO. When determining whether a pattern exists, the Principal must consider whether the behavior for which the discipline is sought to be imposed is substantially similar to the student's behavior in previous incidents that resulted in discipline, the length of prior suspensions, the total amount of time the student has been removed from school, and the proximity of the removals and suspensions to one another.

### **The Manifestation Determination Review (MDR)**

A determination of whether the student's disability or the failure of the school district to provide services on the student's IEP was the direct cause of the act for which the student was suspended must be made. This is called a Manifestation Determination Review (MDR).

If the MDR Team finds that the act for which the student was suspended was a result of his/her disability (a "YES" MDR), the student will be immediately returned to school, unless the student is removed to an Interim Alternate Educational Setting (IAES), in which case the suspension term will continue up to 45 school days. The Suspension Hearing Office will notify the school if the IAES exception applies. In the case of either a "YES" MDR or a removal to an IAES setting, the school must complete a new, or update an existing, Functional Behavioral Assessment (FBA) and Behavioral Intervention Plan (BIP).

If, on the other hand, the MDR Team finds that the act for which the student was suspended was not a manifestation of his/her disability (a "NO" MDR), the student is subject to the same disciplinary options as general education students. In addition, the school may review an existing or complete a new FBA and BIP, if appropriate.

### **The IEP Team meeting**

The IDEIA requires an IEP Team configured as a subcommittee to convene and determine the level of special education supports and services that a student who will be out of his/her regular special education program for more than 10 school days will receive at his/her suspension site. This is called a suspension plan.

**Please Note:** Schools may be required to develop a suspension plan prior to the suspension hearing. The Suspension Hearing Office or a SOHO referral will inform the principal/designee when a suspension plan and MDR is required.

When an MDR is conducted, the following steps must be taken:

- If the MDR outcome is “YES,” then the student is immediately returned to his/her regular program in his/her school. The IEP Team is not required to meet to develop a suspension plan unless an IAES exception applies. Schools will be informed if an IAES exception applies.
- If the outcome of the MDR is “NO,” or an IAES exception applies, the IEP team must meet and develop a suspension plan.

Please be aware that the suspension plan is not an IEP and is used only when the student is attending a suspension site. Step-by-step considerations for development and implementation of the suspension plan are included in this chapter.

### **MDR GUIDANCE: A STEP-BY-STEP REVIEW**

First, confirm that the student is subject to IDEIA protection:

- Does the student have an IEP or 504 Plan?
- Has it been determined by the Suspension Hearing Office that the Department of Education is “deemed to have knowledge” that the student was a student with a disability prior to the conduct in question?

If the student does NOT have an IEP, the Department may still be “deemed to know” that the student is a student with a disability if, prior to the conduct in question:

- The parent expressed concern in writing to supervisory school staff, the Committee on Special Education Office, or to a teacher of the student informing them that the student is in need of special education (note that this may be made orally only if the parent does not know how to write or has a disability that prevents a written statement); OR
- The parent of the student has requested an evaluation of the student to determine whether the student is a student with a disability; OR
- A teacher of the student, or other personnel of the school district, has expressed specific concerns in writing about a pattern of behavior demonstrated by the student directly to the Committee on Special Education Office or to the school principal.

**Exceptions:** The Department is NOT “deemed to know” if:

- The parent of the student has not allowed an evaluation of the student or has revoked or withdrawn consent;
- The parent of the student has refused services;
- It was determined by the IEP Team that the student is not a student with a disability.



If the Department is “deemed to know,” the student must be provided with an expedited evaluation within 15 school days.

## **Attendance at the Manifestation Determination Review**

The IDEIA requires that the following people participate in the MDR:

- A representative of the school district familiar with the student
- A representative of the school district knowledgeable about the interpretation of information about child behavior. This role may be filled by the school psychologist or social worker
- The Parent (please note that the parent may participate by phone)
- Other members of the IEP Team as determined by the MDR Team and the parent.

Other members of the IEP Team must be notified that they may be required to attend an IEP Meeting immediately following the MDR to review and/or revise the student's BIP or, if the team finds the behavior was not a manifestation, to develop a Suspension Plan for the student.

**Please Note:** If a member of the Manifestation Determination Team determines that the educational or related services needs, including improved academic achievement and functional performance of the student warrant a reevaluation, a reevaluation must be requested immediately following the completion of the Manifestation Determination meeting.

Parents must receive notification in writing of participants and their right to request the participation of additional members of the IEP Team. If a parent has been provided with written notification of the meeting 5 school days prior to the scheduled meeting and refuses to participate, the meeting may still take place.

## **Additional Preparation for the Manifestation Determination**

The MDR Team must then review all relevant information in the student's file. "All relevant information" means, at a minimum, the student's IEP or 504 Plan (if applicable), Functional Behavioral Assessment, Behavioral Intervention Plan, classroom observations, the OORS report, relevant evaluations, and any relevant information provided by the parents.

## **Required Questions at the Manifestation Determination**

Once the above steps have been taken, a determination must be made whether the student's behavior was a manifestation of his or her behavior. A review the IEP and other relevant materials for evidence of the student's disability, and of the present levels of performance and annual goals on the student's IEP to gain an understanding of all of the student's disability related issues must take place. Stereotyping about the student's disability type from his or her IEP and/or official classification must be avoided.

Consideration must be given to the behavior for which the student was suspended, the events immediately leading up to the behavior for which the suspension is sought, and patterns of previous behavior.

A determination of whether there is a causal link between the conduct for which the student was suspended and the student's disability must be made. The events that led to the act for which the student was suspended and patterns of previous behavior must be considered. In making this determination, the student's ability to control his or her behavior, including

impulsivity issues must be considered, separating out conduct that only bears an attenuated relationship to the student's disability.

Although the primary focus remains on the behavior subject to disciplinary action, the Team must also evaluate disability-related antecedent triggers that may have occurred immediately prior to the behavior subject to disciplinary action. The Team must describe on the **Manifestation Determination Worksheet** any disability-related antecedent triggers that occurred immediately prior to the behavior subject to disciplinary action. Additionally, if the behavior fits within any previous patterns of behavior, a description of the pattern of behavior must also be described on the **Manifestation Determination Worksheet**.

Keeping in mind the above, the following questions must be answered during the Manifestation Determination:

- Was the conduct in question **caused by** or did it have a **direct and substantial relationship** to the student's disability? Please note that if the answer to question is "Yes," the conduct in question must be deemed a manifestation of the student's disability and the student must return to school immediately or, if the student is assigned to an IAES, remains in an IAES.
- Was the conduct in question a **direct result** of the DOE's failure to implement the student's IEP?

In reaching this determination, the Team must consider whether a part of the IEP was not implemented, and if so, consider whether this non-implementation directly results in the conduct in question, separating out any conduct that bears an attenuated relationship to the student's disability. The aspects of the student's IEP that were not fully implemented when the behavior occurred must be indicated on the **Manifestation Determination Worksheet**.



The conduct in question must have a **direct and causal relationship** to the student's disability, or must be the **direct result** of the failure of the Department to implement the student's IEP.

As a general rule, the MDR must be completed within 10 school days from the day the referral was made by the Suspension Hearing Office or by SOHO. In some cases, a shorter timeline will be indicated in the referral e-mail. The outcome of the MDR must be noted in SOHO, along with attendance information.

If during the MDR, deficiencies are identified in the student's IEP or with the student's placement, or in implementation of the IEP, the school must take immediate steps to remedy the deficiency.

**Please Note:** It is important that the Manifestation Determination Review (MDR) Checklist be fully completed when conducting and MDR.

### **REQUIRED STEPS FOLLOWING THE MDR**

If it is determined that the student's behavior **was** a manifestation of his or her disability then the student must return to school immediately, or if the student is assigned to an IAES, remain in the IAES, and the following steps must take place:

- An FBA and BIP must be developed and implemented immediately if the student does not already have one. If the student already has a BIP, the BIP must be reviewed and implemented immediately to address the behavior that resulted in the suspension.

- If the student's IEP is not fully implemented, steps must be taken **immediately** to remedy the deficiencies.
- If a member of the Manifestation Determination Team determines that the educational or related services needs, including improved academic achievement and functional performance of the student warrant a reevaluation, s/he must request a reevaluation immediately following the completion of the Manifestation Determination meeting.

If it determined that the student's behavior was **not** a manifestation of his or her disability or if the student is assigned to an IAES setting, the following steps must be taken:

- The IEP Team must convene immediately following the MDR and develop a **Suspension Plan** to determine services to be provided at the suspension site.

The IEP Team members must consist of:

- The Parent
- The Student's Special Education Teacher. (If the student has multiple teachers, the teacher most familiar with the student should attend)
- The Student's General Education Teacher if the child participates in a general education environment
- A District Representative
- As part of the IEP Team meeting, the Team must make a determination of whether the student's behavior necessitates the development of an FBA and BIP. If the student requires an FBA/BIP, both must be developed and implemented immediately. If an FBA and BIP have already been developed for the student, they must be reviewed and modified, as necessary, to address the student's behavior. The FBA and BIP must be forwarded to the student's suspension site upon completion. For additional information regarding the development of the Functional Behavioral Assessment, and the Behavior Intervention Plan, please refer to Functional Assessment and Behavioral Intervention Planning by Sharon Lohrmann, Ph.D, Assistant Professor of Pediatrics, EM Boggs Center, Robert Wood Johnson Medical School.
- If a member of the Manifestation Determination Team determines that the educational or related services needs, including improved academic achievement and functional performance of the student warrant a reevaluation, s/he must request a reevaluation immediately following the completion of the Manifestation Determination meeting.

The Suspension Plan must be completed in its entirety. The completed Suspension Plan, along with the student's IEP, MDR Attendance Sheet, the MDR Checklist, the Behavioral Intervention Plan (if applicable) and Suspension Transportation Variance Form (if applicable), must be faxed or otherwise provided to the Student Suspension Office.

### **THE SPECIAL EDUCATION SUSPENSION PLAN: AN OVERVIEW**

As a general matter, students with disabilities who are suspended for more than 10 days must receive services that allow them to participate in the general education curriculum and to progress towards meeting the goals on their IEP. The Suspension Plan is not a replication of the student's IEP; rather it provides the student and the staff at the suspension site with a description of the special education supports and services the student will receive during

his or her suspension term. The student's service level, intensity, and frequency may be different than services indicated on the student's current IEP.

### **GUIDELINES FOR MAKING A SPECIAL EDUCATION INSTRUCTIONAL PROGRAM RECOMMENDATION**

Review the student's IEP, and any current relevant materials, reports and assessments, including a Behavioral Intervention Plan, if applicable. The Special Education Instructional Program indicated on the Student's Suspension Plan does not indicate specific supports. Instead, the Plan indicates the number of direct and indirect periods of special education teacher support services that must be provided at the suspension site.

### **GUIDELINES FOR MAKING A RECOMMENDATION FOR RELATED AND SUPPORT SERVICES**

- Review the student's IEP, including the goals and instructional levels;
- Consider that Related Services are services that a student requires in order to benefit from his/her educational program;
- Consider that most suspension sites provide counseling for all students;
- Consider the length of the student's suspension term;
- When considering IEP-mandated paraprofessionals, take into account the environment the student will be attending to determine if this service is appropriate for the student while serving a suspension term.

### **SUSPENSION TRANSPORTATION GUIDELINES**

All students will continue to be transported to their suspension site in the same manner they were transported to their school site, subject to only two exceptions:

- Students who walk to school and will now attend a suspension site to which they are unable to walk because of the distance from their home will receive a Metrocard;
- Students who travel by public transportation to school, but whose cognitive and/or emotional condition present extenuating circumstances given the travel distance to a suspension site may receive yellow bus transportation. The IEP Team must consider the student's disability-related issue, the length of time and/or distance between their home and the suspension site and make a transportation request by filling out the **Suspension Transportation Variance Form**.

### **IMPLEMENTING THE SPECIAL EDUCATION SUSPENSION PLAN**

As part of the intake process when a student first arrives at the suspension site, the Suspension Plan must be reviewed thoroughly and fully implemented immediately. While staff must review the student's current IEP for information regarding testing accommodations and other alerts, the student's Suspension Plan is the document that must be fully implemented.

The Special Education Teacher must monitor and track attendance of all direct service provided to students using the SourceCorp Attendance Booklets. **Please note that these services are not called in to the Interactive Voice Response (IVR) System for reporting, and are not sent into SourceCorp for scanning on a monthly basis, but will be collected at the end of the school year.** They are maintained at the suspension site.

### **Implementing Related and Support Services**

If an RSA has already been issued and is currently in effect for a related service, the student may continue to receive that service by the RSA provider.

Attempts must be made to provide related services by utilizing Department of Education staff assigned to the Suspension Site, or by staff assigned to the host school in which the suspension site is housed. The suspension site may provide this service per session or by using shortage area prep (e.g. for speech). If Department of Education staff is not available, contract agency staff may continue to serve students at the new site if the student is receiving the related service from a contracted provider.

If the steps described above are not applicable or feasible, an RSA may be issued for the school year if an RSA has not already been issued for the same service. If an RSA is issued for a student, the dates the RSA is in effect (start-finish) must be indicated on the top right-hand corner and may only cover the dates the student is suspended.

Attendance must be tracked for all related services indicated on the Suspension Plan using the SourceCorp Attendance Booklets. **Please note that these services are not called into the Interactive Voice Response (IVR) System for reporting, and are not sent into SourceCorp for scanning on a monthly basis, but will be collected at the end of the school year.** They are maintained at the suspension site.

# SECTION 11: GUIDELINES FOR PARENTALLY PLACED STUDENTS

## IN THIS SECTION...

- Guidelines for Parentally Placed Students
  - NYC Residents Attending Nonpublic Schools in NYC
  - New York State Residents Attending Nonpublic Schools in NYC
  - Out of State Students Attending Nonpublic Schools in NYC
-

## **GUIDELINES FOR PARENTALLY PLACED STUDENTS**

Parentally placed students are students whose parents have placed them in a nonpublic school at the parent's expense. These students may be New York City residents or may reside outside of New York City but in New York State, or may reside in another State. The Department has certain responsibilities for parentally placed students who are attending a nonpublic school located in New York City, regardless of where they reside.

A parent of a parentally placed student who has been found eligible for special education services must request special education services in writing to the school district of location, in this case to the New York City service district CSE Office, by June 1st before the school year for which the request for services is made. However, when a student is first identified as a student with a disability after June 1st of the preceding school year for which the request is made and prior to the first day of April of such current school year, the parent must submit the written request for services within 30 days after the student was first identified.

To facilitate this process, the Committee on Special Education Office must send out the **Request for Special Education Services Form** by April 1st of every year to all parents of parentally placed students with disabilities that they have identified as their responsibility.

### **NYC RESIDENTS ATTENDING NONPUBLIC SCHOOLS IN NYC**

#### **Consent for Initial Evaluations and Reevaluations**

If the parent of a parentally placed child does not provide consent or fails to respond to a request for consent for an initial evaluation or reevaluation, the CSE Office may not request a hearing to obtain consent, and the student is not considered a student eligible for special education services. The school district must make reasonable efforts to obtain written informed consent of the parent. These attempts must be documented. The **Consent for Initial Evaluation for Parentally Placed Students** or **Consent for Reevaluation for Parentally Placed Students Forms** must be used for this purpose. These forms request consent to evaluate and further notify the parent that the student will not be considered a student with a disability and will therefore not be considered eligible for special education services if written consent is not given to conduct an initial evaluation or necessary assessments for a reevaluation. Please note that these forms are not required for a reevaluation when no new assessments are necessary.

#### **Determination of FAPE or Equitable Services**

The appropriate Committee on Special Education Office (the CSE located in the district where the school is located) must determine whether the parent who has or intends to enroll his/her child in a nonpublic school at their expense is requesting "equitable special education services" for their child while enrolled in the nonpublic school or is requesting a Free Appropriate Public Education (FAPE).

For parents who are seeking an offer of FAPE if the student were to be enrolled in a New York City public school program, the IEP Team at the CSE Office must develop an Individualized Education Program (IEP), make an appropriate recommendation for a special education program, and offer a New York City public school placement.

If the parent is seeking equitable special education services for their child who is or will attend a nonpublic school at the parent's expense, an Individualized Education Services Plan (IESP) must be developed in lieu of an IEP. The IESP is developed in consideration of the parent's decision to place their child in a nonpublic school. While the IESP looks

like an IEP, please note that the IESP is not a recommendation for FAPE. In addition to the required CSE members, a representative of the nonpublic school where the student is attending must be invited to attend the meeting to develop the IESP. If the nonpublic school representative cannot attend, the CSE must use other methods to ensure participation, which may include individual or conference phone calls. The IESP must indicate under program recommendation that the student is “parentally placed in a nonpublic school,” and, if appropriate for that particular student, must offer equitable special education services such as Related Services, Special Education Teacher Support Services, etc. The **Parentally Placed Final Notice of Recommendation: Initial** or **Parentally Placed Final Notice of Recommendation: Annual Review or Reevaluation** must be used for this purpose.

An IESP is for services to be provided during the regular school year and does not include services to be provided during the summer months. If the IEP team determines that the student will need extended school year services to prevent substantial regression, an IEP must be developed for the recommended twelve month services.

The CSE Office maintains responsibility for initial evaluations, reevaluations (requested and mandated three-year) eligibility determination and IEP Meetings in accordance with the procedures outlined in this SOPM, with the exception regarding consent noted above. The IEP or IESP for the student must be reviewed annually.

### **Due Process Complaints**

A parent of a student who has placed his or her child in a nonpublic school located in NYC disagrees with the individual evaluation, eligibility determination, recommendation of the CSE on the IESP/IEP, and/or the provision of special education services may submit a Due Process Complaint Notice (request for impartial hearing) to the Impartial Hearing Office located at 131 Livingston Street, Brooklyn, New York, 11201.

## **NEW YORK STATE RESIDENTS ATTENDING NONPUBLIC SCHOOLS IN NYC**

### **Consent for Initial Evaluations and Reevaluations**

If the parent of a parentally placed child does not provide consent or fails to respond to a request for consent for an initial evaluation or reevaluation, the CSE Office may not request a hearing to obtain consent, and the student is not considered a student eligible for special education services. The school district must make reasonable efforts to obtain written informed consent of the parent. These attempts must be documented. The **Consent for Initial Evaluation for Parentally Placed Students** or **Consent for Reevaluation for Parentally Placed Students Forms** must be used for this purpose. These forms request consent to evaluate and further notify the parent that the student will not be considered a student with a disability and will therefore not be considered eligible for special education services if written consent is not given to conduct an initial evaluation or necessary assessments for a reevaluation. Please note that these forms are not required for a reevaluation when no new assessments are necessary.

### **Consent for Sharing Personally Identifiable Information**

Parental consent must be obtained before any personally identifiable information about the student relating to special education is shared between officials in the public school district of location, in this case, New York City, and officials in the public school district of residence. The **Request to Share Personally Identifiable Information Form** must be provided to the parent and signed by them when an initial evaluation or reevaluation is requested.

### **Determination of FAPE or Equitable Services**

The appropriate Committee on Special Education Office (the CSE located in the district where the school is located) must determine whether the parent who has or intends to enroll his/her child in a nonpublic school at their expense is requesting “equitable special education services” for their child while enrolled in the nonpublic school or FAPE.

If the parent is seeking an offer of FAPE, they parents must be informed that they must return to the CSE located where they reside.

If the parent is not seeking an IEP as a public school offer of FAPE, an Individualized Education Services Plan (IESP) must be developed in lieu of an IEP. While the IESP looks like an IEP, please note that the IESP is not a recommendation for FAPE. In addition to the required IEP Team members, a representative of the nonpublic school where the student is attending must be invited to attend the meeting to develop the IESP. If the nonpublic school representative cannot attend, the CSE must use other methods to ensure participation, which may include individual or conference phone calls. The IESP must indicate under program recommendation that the student is “parentally placed in a nonpublic school,” and, if appropriate for that particular student, must offer equitable special education services such as Related Services, Special Education Teacher Support Services, etc. The **Parentally Placed Final Notice of Recommendation: Initial** or **Parentally Placed Final Notice of Recommendation: Annual Review or Reevaluation** must be used for this purpose.

An IESP is for services to be provided during the regular school year and does not include services to be provided during the summer months. If the parent is seeking extended school year services they must make that request to the district of residence. The district of residence must convene an IEP meeting to determine if the student requires extended school year services to prevent substantial regression and develop an IEP for the recommended 12 month services.

The CSE Office maintains responsibility for initial evaluations, reevaluations (requested and mandated three-year) eligibility determination and IESP Meetings in accordance with the procedures outlined in this SOPM, with the exception regarding consent noted above. The IESP for the student must be reviewed annually.

### **Due Process Complaints**

A parent of a student who is a New York State resident who disagrees with the individual evaluation, eligibility determination, recommendations of the IEP Team on the IESP and/or the provision of special education services may submit a Due Process Complaint Notice (request for impartial hearing) to the Impartial Hearing Office located at 131 Livingston Street, Brooklyn, New York 11201.

However, please note that a parent who is seeking reimbursement of a nonpublic school when FAPE is at issue must submit a Due Process Complaint Notice (request for impartial hearing) to the district of residence.

**Please Note:** The Department does not make a public school offer for students who reside outside of New York City but attend a nonpublic school located in New York City.

## **OUT OF STATE STUDENTS ATTENDING NONPUBLIC SCHOOLS IN NYC**

### **Consent for Initial Evaluations and Reevaluations**

If the parent of a parentally placed child does not provide consent or fails to respond to a request for consent for an initial evaluation or reevaluation or services, the CSE Office may not request a hearing to obtain consent and the student is not considered a student eligible for special education services. The **Consent for Initial Evaluation for Parentally Placed Students** and **Consent for Reevaluation for Parentally Placed Students Forms** must be used for this purpose. These forms request consent to evaluate and further notify the parent that the student will not be considered a student with a disability and will therefore not be considered eligible for special education services if written consent is not given to conduct an initial evaluation or necessary assessments for a reevaluation. Please note that these forms are not required for a reevaluation when no new assessments are necessary.

### **Consent for Sharing Personally Identifiable Information**

Parental consent must be obtained before any personally identifiable information about the student relating to special education is shared between officials in the public school district of location and officials in the public school district of residence. The **Request to Share Personally Identifiable Information Form** must be provided to the parent and signed by them when an Initial evaluation or reevaluation is requested.

The appropriate Committee on Special Education Office (the CSE located in the district where the school is located) is obligated to provide special education services to an eligible student who legally resides in another state and is parentally placed in a nonpublic school located in New York City ONLY to the extent that those services provide the student with “equitable participation” in the services funded with federal IDEA dollars. Equitable participation is a determination the Department has made through the consultation process with nonpublic school representatives and representatives of parents on parentally placed students regarding how special education services will be provided to these students in relation to the proportionate share of federal IDEIA Part B dollars. A list of special education services available to out of state students, through equitable participation in the expenditure of federal dollars, if any, are provided to the CSE Office annually. This list of services must be consulted prior to any meeting to develop a Services Plan for the student.

The IEP Team located at the CSE Office develops the Services Plan. Both the parent of the student and a representative of the nonpublic school where the student is attending must be invited to attend the meeting to develop the Services Plan. If the nonpublic school representative cannot attend, the CSE Office must use other methods to ensure participation, which may include individual or conference phone calls. A Services Plan is development in the same manner and with the same contents of the IESP/IEP.

The CSE Office maintains responsibility for initial evaluations, reevaluations (requested and mandated three-year) eligibility determination and meetings to develop the Services Plan in accordance with the procedures outlined in this SOPM for IESP meetings with the exception regarding consent, noted above, and the recommendation for services as outlined in this section. The Services Plan for the student must be reviewed annually.

### **Due Process Complaints**

A parent of a student who disagrees with the individual evaluation or eligibility determination may submit a Due Process Complaint Notice (request for impartial hearing) to the Impartial Hearing Office located at 131 Livingston Street, Brooklyn, New York, 11201. However, because students who reside out of state do not have an individual right to services, they do not have a right to mediation or an impartial hearing for disputes regarding services.

**Please Note:** The Department does not make a public school offer for students who reside outside of New York City but attend a nonpublic school located in New York City.

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## Request for Initial Referral Form

### REQUEST FOR INITIAL REFERRAL

A request for referral may be made by a professional staff member of the school district, a licensed physician, a judicial officer, a professional staff member of the a public agency with responsibility for welfare, health or education of children or a student who is 18 years of age or older, or an emancipated minor, who is eligible to attend the public schools of the district. The request for referral must be immediately given to the school principal, or if the student is non-attending, attending a parochial, nonpublic or charter school, the Committee on Special Education Chairperson.

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

D.O.B. \_\_\_/\_\_\_/\_\_\_ NYCID # \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Preferred Language of Parent \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Is the student/family assisted by a Community-Based Organization (CBO)?  Yes  No  
If yes, specify type of Services (e.g., case management, foster care agency, etc.) and the name of CBO, if known \_\_\_\_\_

Has the student ever lived outside of the United States?  Yes  No

Number of years in a non-English language school system \_\_\_\_\_

Length of residency in United States \_\_\_\_\_

Classroom/Homeroom Teacher \_\_\_\_\_

Language Student Speaks/Understands \_\_\_\_\_

LAB-R or NYSESLAT Score (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Has the parent been notified of this referral?  Yes  No If yes, indicate date \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

State the reason for referral / specific nature of problem:

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**A. BACKGROUND INFORMATION**

1. **Instructional Grade Level at which student is currently functioning (if ELL student, also include grade level in native language):**

	<b>Grade Level</b>	<b>Grade Level in Native Language for ELLs</b>
Reading	_____	_____
Spelling	_____	_____
Mathematics	_____	_____
Written Language	_____	_____
Other _____	_____	_____

2. **Is the student a hold-over in grade?**  Yes  No

3. **Does the student have a Personal Intervention Plan (PIP)?**  Yes  No  
If yes, please attach a copy.

4. **Is the student entitled to bilingual instructional services?**  Yes  No

If yes, has the student received bilingual instructional services?  Yes  No How long? \_\_\_\_\_

5. **Student is entitled to ESL services?**  Yes  No

If yes, has the student received ESL services?  Yes  No How long? \_\_\_\_\_

6. **Attendance Pattern:**  Good  Poor  Truant

**Number of Cumulative Days Absent (excluding suspensions):** \_\_\_\_\_

7. **Wears Glasses**  Yes  No **Hearing Aids**  Yes  No

8. **Does the student have health problems?**  Yes  No

**Is the student on any medication?**  Yes  No

If yes, please describe:

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9. **Please attach a copy of the most recent results of the child's hearing and vision screening.**



Intervention provided by \_\_\_\_\_  
(Name and Title)

Description: Number of Days Student Received Services \_\_\_\_\_

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Strategy 3: Date Initiated \_\_\_\_\_ Date Terminated \_\_\_\_\_

Intervention provided by \_\_\_\_\_  
(Name and Title)

Description: Number of Days Student Received Services \_\_\_\_\_

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**CONFERENCES WITH PARENT/GUARDIAN**

List the dates of parental contacts held with the student's parent/guardian to discuss school related performance:

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**INSTRUCTIONAL/PROGRAMMATIC INTERVENTIONS**

If no instructional/programmatic interventions were attempted at Tier I and Tier II, please provide an explanation below:

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Attach additional pages if necessary.

Printed Name of Person Completing Request for Referral \_\_\_\_\_ Title \_\_\_\_\_

Signature of Person Making Request \_\_\_\_\_ Title \_\_\_\_\_

Date received by CSE Chairperson or Principal \_\_\_\_\_  
Referral Process Initiated by Principal/Chairperson?  Yes  No

## Request for Reevaluation

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

This request has been made because the student's educational or related services needs warrant a Reevaluation (this includes improved academic achievement and functional performance). Provide a summary of the student's present levels of performance in both Academic and Social/Behavioral areas.

### Academics:

### Social/Behavioral Development:

**Please provide an explanation regarding why the student's needs warrant a Reevaluation:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Additional Request for Reevaluation**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent,

This form must be completed when a reevaluation has been requested for a student more than one time in a school year. The Department of Education is not obligated to complete a reevaluation more than one time in a school year unless you and the Department both agree it is necessary. If this additional reevaluation is determined to be necessary by the Department of Education, your acknowledgement is required below.

\_\_\_\_\_ has requested a reevaluation. The principal or designee in consultation with the student’s teacher(s) and/or the school psychologist has been contacted to determine whether an additional reevaluation will provide new or meaningful information and is appropriate at this time.

The findings of that consultation are as follow:

A reevaluation is warranted at this time. If you agree to this reevaluation, please sign and date below:

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

You will be sent additional information regarding the reevaluation process and what it will include. You will also be sent information regarding the IEP conference to discuss the reevaluation findings and when it will be held. Your attendance at the IEP conference is very important.

A reevaluation is not warranted at this time for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you would like to discuss this decision or if you have any questions, please contact \_\_\_\_\_ at \_\_\_\_\_.

A copy must go to:  Principal  School Psychologist  Student File

or: \_\_\_\_\_

## Notice of Request for Reevaluation

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

The Department of Education has received a referral from \_\_\_\_\_ at \_\_\_\_\_ requesting a reevaluation of your child.

OR

The completion of a mandated three year reevaluation is currently required.

The purpose of a reevaluation is to review important evaluative and educational information that will help make a determination about whether or not your child continues to have an educational disability and continued need for special education and related services.

As part of the reevaluation, new assessments may or may not be required. If the IEP Team believes that new assessments are required, you will be asked for consent. You also have the right to request new assessments. If you would like to request specific assessments, please let us know immediately. Please know that you will be invited to all meetings at which your child's Individualized Education program will be discussed.

The law provides you with certain rights, including procedural safeguards, in connection with reevaluation. Your Notice of Rights as a Parent of a Child with a Disability is attached. For a full description of your due process rights, please refer to the booklet, A Parent's Guide to Special Education for Children, 5-21. If you do not have a booklet, you can get one from us.

If you have any questions, or if you have any evaluation materials, including a current physical examination that you would like to forward to us, please contact \_\_\_\_\_ at \_\_\_\_\_.

Attachment: Notice of Parental Rights

A copy must go to:  Principal  School Psychologist  Student File

or: \_\_\_\_\_

## Notice of Request for Initial Referral

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

The school district has received a request that your child receive an initial referral for special education services. This was received from the individual indicated below. A copy of the request is attached. This person is requesting an evaluation of your child regarding whether your child has an educational disability and, if so, is eligible for education services.

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Agency/School Affiliation

However, the principal of your child's school (or the Chairperson of the Committee on Special Education if your child is non-attending, or attending a parochial, nonpublic or charter school) has determined that a referral is not appropriate at this time.

You have the right to refer your child for special education services. You may make a referral by writing directly to the Committee on Special Education Office or giving a written referral to Principal, or the building administrator or professional member of the school staff. If you make an oral request for evaluation to a professional member of the school staff, the school professional must promptly assist you in making a written request.

Additionally you have the right to have a meeting to discuss the referral that was made and, as appropriate, the availability of appropriate general education support services for your child. If you choose to request this meeting, the principal or designee authorized to make a referral and the individual named above if that person is a member of the school staff will attend. If the individual named above is not a member of the school staff, they may also attend if you or the school district request.

If you have any questions or would like to schedule a meeting, please contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

Attachment: Request for Initial Referral

A copy must go to:  Principal  School Psychologist  Student File

or: \_\_\_\_\_

**Notice of Referral: Initial**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

The Committee on Special Education has received a referral from  
\_\_\_\_\_ at \_\_\_\_\_  
(name/title) (school/agency)

requesting an evaluation of your child to determine his/her educational disability and whether special education services are necessary.

It will be necessary to evaluate your child to determine if s/he has an educational disability. This evaluation will include a social history, psycho-educational evaluation, a classroom observation, and other appropriate assessments or evaluations as necessary to determine your child's educational needs. You will also be asked to give us a physical examination of your child which will be considered during the evaluation. A Request for Physical Examination Form, attached to this letter, should be completed by your doctor.

We will need your written consent so that we may conduct these evaluations. We also need background information about your child. This information is called a "social history." Therefore, a social worker at your child's school or from the Committee on Special Education Office will contact you shortly to arrange a mutually convenient date for a meeting. The social worker will then request your written consent to evaluate your child and, if you consent, a social history will be completed.

You should know that the principal of your child's school may request a meeting with you to determine whether your child could benefit from alternatives to special education before proceeding with a special education evaluation. If you agree with the proposed plan by the principal, the referral will be withdrawn.

If you have any questions, please contact \_\_\_\_\_ at \_\_\_\_\_ on the following days of the week: \_\_\_\_\_.

The law provides you with certain rights, including procedural safeguards, in connection with this referral. The Notice of Parental Rights is attached.

Attachment: Notice of Parental Rights

A copy must go to:  Principal  School Psychologist  Student File

or: \_\_\_\_\_

## Request for Waiver of Mandated Three Year Reevaluation (Triennial)

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

The completion of a mandated three year reevaluation is currently due. However, the Department has determined that the review of evaluative and educational information regarding whether or not your child continues to have an educational disability and the continued need for special education and related services is not necessary at this time.

The determination that the mandated three year reevaluation is not necessary was made for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have the right to disagree with this decision and request that a reevaluation be completed at this time. Please understand that the Department maintains responsibility for conducting an annual review of your child's IEP.

If you are in agreement with the Department's request, you must sign below and return this form to \_\_\_\_\_ at \_\_\_\_\_.

If we do not receive this form by \_\_\_\_\_, we will proceed with the reevaluation.

If you have any questions, please contact the contact person indicated above at \_\_\_\_\_.

I agree that the mandated three year reevaluation for my child is not necessary at this time.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

A copy must go to:  Principal  School Psychologist  Student File

or: \_\_\_\_\_

## Notice of Social History Meeting

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

\_\_\_\_\_ was referred to determine and/or review his/her need for special education services.

I would like to meet with you to review your due process rights, discuss the evaluation process, and to conduct a social history interview/update. A social history identifies information on family composition, family history, developmental history, health, family interaction and school adjustment regarding your child. If you have a current physical examination report, or other evaluations or reports regarding your child please bring them with you to the meeting.

I would like to meet with you on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

—

If this meeting time/date is not convenient for you, if you have a disability which may require special arrangements, or if you need a translator, or interpreter for the deaf please contact me at the number listed below.

\_\_\_\_\_

Contact

\_\_\_\_\_

Phone number

Copy must go to:  Principal  School Psychologist  Student File

or: \_\_\_\_\_

**Notice of IEP Meeting: Initial**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_

CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

An IEP Meeting has been scheduled to discuss the educational needs of your child. It is very important for you to attend this meeting, as we will be determining whether your child has an educational disability which requires special education services and the development of an Individualized Education Program (IEP). It is your right to participate fully in the decision-making at the IEP Meeting. You may bring other individuals who have knowledge or special expertise regarding your child.

The IEP Meeting is scheduled for:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

The people listed below are invited to participate:

Special Education Teacher \_\_\_\_\_

School Psychologist \_\_\_\_\_

General Education Teacher \_\_\_\_\_

School Social Worker \_\_\_\_\_

District Representative \_\_\_\_\_

Parent Member \_\_\_\_\_

Student \_\_\_\_\_

Other \_\_\_\_\_

If you are unable to attend this meeting, please call the individual listed as the “contact person” and we will arrange for an alternate date and/or time, or will arrange for you to participate by telephone. Additionally, if you or your child have a disability which may require special arrangements, or if you need a translator or interpreter for the deaf please call the contact person.

If your child is fourteen years of age or older, the review will include transition planning, which will help prepare him/her for life in the community, independent living, post-secondary education, and/or vocational planning. If your child is fourteen years of age or older, s/he should attend this meeting with you.

If a Parent Member is scheduled to attend, you have the right to decline the participation of this member. Please indicate this by filling out the attached Parent Member Excusal Form.

If you are able to obtain a recent physical examination report on your child, and you have not already given it to us, please bring it to the meeting. You have the right to request that a physician attend the IEP meeting. However, you must notify the contact person listed above at least seventy-two (72) hours prior to the meeting date so that we may arrange for this person to attend.

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If we do not hear from you and you do not attend, the meeting will occur as scheduled. You will receive a copy of the IEP and a Final Notice of Recommendation.

Attachment: Parent Member Excusal Form

Copy must go to:       Student File       Principal

**Notice of IEP Meeting/Member Excusal Request**

[Please note that this Form may not be used for an Initial IEP Meeting]

Date: \_\_\_\_\_

RE: Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_

Dear Parent:

An IEP Meeting that is not an initial meeting has been scheduled to discuss the educational needs of your child. It is very important for you to attend this meeting, as we will be determining whether your child has (or continues to have) an educational disability which requires special education services and the development of an Individualized Education Program (IEP). It is your right to participate fully in the decision-making at the IEP Meeting. You may bring other individuals who have knowledge or special expertise regarding your child

**IEP Meeting Time, Date and Location**

The IEP Meeting is scheduled for:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Address: \_\_\_\_\_  
\_\_\_\_\_

**IEP Team Member Attendance**

The people checked below are required IEP Meeting Team participants:

Special Education Teacher \_\_\_\_\_

General Education Teacher \_\_\_\_\_

District Representative \_\_\_\_\_

School Psychologist \_\_\_\_\_

Parent member \_\_\_\_\_

Other \_\_\_\_\_

The Department of Education is requesting that the following mandated IEP Team member(s) be excused from attending the IEP Meeting:

Title \_\_\_\_\_ Name \_\_\_\_\_  
Title \_\_\_\_\_ Name \_\_\_\_\_

The Department is making this request because:

The attendance of this IEP Team member is not necessary because the member's area of curriculum or related services is not being modified or discussed in the IEP Meeting. This IEP Team member may only be excused if you agree by signing below:

\_\_\_\_\_  
Signature Date

A modification to or a discussion of the member's area of the curriculum or related services is being discussed and the excused IEP Team member will submit in writing to you and the IEP Team input into the development of the IEP meeting at least 5 days prior to the IEP Team meeting.

The IEP Team member may only be excused if you consent by signing below:  
I understand the purpose of the role of the member me whose excusal is requested. I understand that I may withdraw my consent, in writing, at any time. I also understand that withdrawal of my consent is not retroactive, meaning that it does not negate an action that has occurred after the consent was given and before the consent was revoked.

\_\_\_\_\_  
Signature Date

**NOTE: For your information, the role and expected contribution of the team member the Department is asking to excuse is detailed below:**

Title \_\_\_\_\_ Name \_\_\_\_\_  
Role at the IEP Meeting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_ Name: \_\_\_\_\_  
Role at the IEP Meeting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you signed either line above, please return this form to the contact person listed below. Additionally, if you would like to request that a mandated member of the IEP Team member listed not attend, indicate the name and title of the person below.

I am requesting that the following IEP Team Member be excused from attending the IEP Meeting:

\_\_\_\_\_  
Name IEP Team Member Role

If you are unable to attend this meeting, please call the individual listed as the contact person and we will arrange for an alternate date and/or time, or will arrange for you to participate by telephone.

Additionally, if you or your child have a disability which may require special arrangements, or if you need a translator or interpreter for the deaf please call the individual listed as the contact person. If you are able to obtain a recent physical examination report on your child, and you have not already given it to us, please bring it to the meeting. You also have the right to request that a physician attend the IEP meeting. However, you must notify the contact person listed above at least seventy-two (72) hours prior to the meeting date so that we may arrange for a physician to attend.

If your child will be fifteen years of age or older at the time the IEP is in effect, the review will include transition planning, which will help prepare him/her for life in the community, independent living, post-secondary education, and/or vocational planning. Additionally, if your child will be fifteen years of age or older at the time the IEP is in effect, s/he should attend this meeting with you.

If we do not hear from you and you do not attend, the meeting will occur as scheduled. You will receive either a copy of the program recommendation or a notice to attend a meeting with the IEP Team to review your child's records and determine appropriate educational services.

Contact person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Copy must go to:     Student File     Principal

**Notice of No Testing Required**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

The IEP Team has reviewed current information (classroom work, teacher interview, report cards, clinical reports, etc.) regarding your child and has determined that sufficient information is available to identify whether your child continues to have a disability, your child's present levels of performance, or whether there should be any additions or modifications to the special education and related services your child is receiving.

This information will be used to develop your child's IEP. You will be invited to attend the IEP Meeting to discuss your child's IEP and we urge you attend. You will be informed of the date and time for the IEP Meeting.

You have the right to request new assessments. If you would like new assessments please contact:

\_\_\_\_\_ at \_\_\_\_\_.

Copy must go to:  Principal  School Psychologist  Student File

or: \_\_\_\_\_

## Consent for Initial Evaluation

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

To Whom It May Concern:

I give my consent to have my child evaluated to determine if s/he has an educational disability and is eligible for special education services. I understand that the assessment process will include a social history, psycho-educational evaluation, a classroom observation, and other appropriate assessments or evaluations as necessary to determine my child's educational needs. These assessments will be completed at the school my child currently attends, or if my child is not attending a New York City public school, assessments will take place at the Committee on Special Education Office. I understand that if my child does not attend a New York City public school, the Committee on Special Education Office will be contacting my child's school in order to ensure that all assessments will be completed.

The nature and purpose of each of these evaluations have been explained to me and I understand that I may withdraw my consent, in writing, at any time. I also understand that withdrawal of my consent is not retroactive, meaning that it does not negate an action that has occurred after the consent was given and before the consent was revoked.

If my child attends a private or parochial school, I also consent to have my child's records released to the school they are attending for the purpose of determining an appropriate educational placement.

I have received a copy of the booklet A Parent's Guide to Special Education for Children 5-21 and my rights as a parent of a child with a disability have been explained to me.

I understand that I will be invited to participate in all future planning meetings regarding the education of my child.

I consent to have my child evaluated.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

A copy must go to:  Principal  School Psychologist  Student File

or: \_\_\_\_\_

## Consent for Reevaluation

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

After a review of your child's current educational and evaluation information, it has been determined that additional assessments are required as part of a requested reevaluation or mandated three-year-evaluation. The assessment process may include a psycho-educational evaluation, a classroom observation, and other appropriate assessments or evaluations as necessary to determine your child's educational needs.

The nature and purpose of each of these assessments is to provide important information about whether or not your child continues to have an educational disability and the continued need for special education and related services. If your child continues to require special education services, these assessments will provide important information regarding your child's present levels of performance, and whether modifications to your child's Individualized Education Program (IEP) are necessary.

If you consent to the assessment process, check the box below and provide your signature below. Retain a copy for your records and return to us in the enclosed envelope

I give my consent for new testing and assessments to be given to my child, as described above.

Parent signature : \_\_\_\_\_

Date: \_\_\_\_\_

If you have private evaluation material which may assist the IEP Team, please send or bring the information to:

\_\_\_\_\_

If you would like specific assessments to be conducted, please immediately contact \_\_\_\_\_ at \_\_\_\_\_

Please note: If you do not respond to this letter by \_\_\_\_\_, we will attempt to contact you by phone. If you do not reply, the IEP Team will conduct the necessary evaluations without written consent. You will be invited to participate in all future planning meetings regarding the education of your child.

A copy must go to:  Principal  School Psychologist  Student File

or: \_\_\_\_\_

## 12 Month School Year Consent Form

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

Your child has been recommended for the following special education services:

Classification: \_\_\_\_\_ Program Recommendation: \_\_\_\_\_

Service Category: \_\_\_\_\_

Related Service(s): \_\_\_\_\_

Your child is eligible to receive special education services during the summer (a “12-month school year”). The IEP Team has recommended this program for your child on his/her Individualized Education Program (IEP). If your child is recommended for a special class, the program will operate during the months of July and August for 30 school days. If your child is recommended for Special Education Teacher Support Services (SETSS) or related services only, the frequency and duration is indicated on your child’s IEP.

You may choose whether or not to send your child to school during the months of July and August. If you want your child to go to school during July and August, you must give your written consent below. If you consent, your child will be scheduled to receive these services. The July-August program may be provided at a different location from where your child will be attending during the regular school year. You will receive a letter in June telling you what school your child will attend in the summer.

Please note: After you provide consent today, we will not need consent from you again in order to provide 12-month service. 12-month programming will continue as long as your child remains eligible.

If you have any questions, or if you decide not to consent, you may change your mind at any time by notifying the contact person below. Please sign below, make a copy to keep for your records, and return this letter to:

### Contact Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I have read the above notice and I agree to have my child receive special education services during July and August.

I have read the above notice and DO NOT agree to have my child receive special education services during July and August.

Parent signature : \_\_\_\_\_

Date: \_\_\_\_\_

A copy must go to:     Principal     School Psychologist     Student File

or: \_\_\_\_\_

**Waiver of IEP Meeting to Amend IEP After Annual Review**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

The IEP Team held an annual review and developed an IEP for your child on \_\_\_\_\_. We would like to amend a section(s) of your child's IEP that was developed at this meeting. Once the changes to the IEP have been made, we will immediately send you a copy of the updated IEP to the Home Address indicated above.

If you agree to the change(s) indicated below, and understand that these changes will be made to the IEP without the IEP Team convening an IEP meeting, please sign and date below:

From	To

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

If you would like to discuss these changes, please contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you agree to the changes, please return this signed document to the individual indicated above.

A copy must go to:    Principal    School Psychologist    Student File  
 Other: \_\_\_\_\_



## Declination Letter of Parent Member's Participation at the IEP Meeting

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

An IEP Meeting has been scheduled on: \_\_\_\_\_

I understand that although the law requires the parent member to participate in the IEP meeting, I have the right to decline participation of the parent member.

I understand that the parent member is a parent of a child with a disability (or a parent whose child has been declassified or graduated less than five years ago). This individual resides in the district and volunteers to participate in IEP Meetings.

I understand that the law provides me with certain rights, including procedural safeguards, in connection with the IEP Meetings.

I decline the participation of the parent member at the IEP Meeting.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Principal Written Agreement to Withdraw an Initial Referral

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
NYC Student ID # \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Telephone no. \_\_\_\_\_  
Address \_\_\_\_\_  
Parent's Language (if other than English) \_\_\_\_\_ Translator provided  yes  no

### B. SOURCE OF REFERRAL (e.g. School Personnel, Community Agency, etc.)

Name of Referring Party \_\_\_\_\_  
Person Contacted \_\_\_\_\_ Date \_\_\_\_\_

### C. PARENT/PRINCIPAL MEETING

If the referral was made by a professional staff member, that individual must attend the meeting.

Date of Meeting \_\_\_/\_\_\_/\_\_\_ Participants:

<u>NAME</u>	<u>TITLE/RELATIONSHIP</u>
_____	PRINCIPAL
_____	PARENT
_____	_____
_____	_____

### D. RESULTS OF MEETING

Describe the alternatives that will be provided and the proposed duration of the program(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am in agreement with the recommendations made at this meeting for alternatives to special education. I understand that the initial referral will be withdrawn.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ONE COPY OF THIS AGREEMENT MUST BE PLACED IN THE STUDENT'S CUMULATIVE RECORD AND ONE COPY MUST BE FORWARDED TO THE COMMITTEE ON SPECIAL EDUCATION OFFICE**

## Final Notice of Withdrawal from the Evaluation Process: Initial Referrals

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

Recently you were notified that your child had been referred for an evaluation to determine whether your child is a student with a disability and requires special education services. We have attempted to obtain your consent. As of this time, you have not responded or have not consented to the evaluation. Therefore, we will not evaluate your child at this time. You may request an evaluation at any time by contacting us in writing.

The Principal of your child's school has been notified of this situation. If you made the referral and would like to continue with the referral and evaluation process, please contact the Committee on Special Education Office, or the principal of your child's school.

If you did not make the referral, the principal may meet with you to develop alternatives to special education. Please note that the principal also has the right to request an impartial hearing to show that there is sufficient reason to evaluate your child without your consent.

If you have any questions or you wish to continue the evaluation process, we would be happy to meet with you. Please call \_\_\_\_\_ at \_\_\_\_\_ to request a meeting.

Copy must go to:     Principal     School Psychologist     Student File

Other: \_\_\_\_\_

## Final Notice of Withdrawal from the Placement Process: Initial Referrals

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

On [Date of FNR] the IEP Team sent you a letter which notified you that your child was recommended to receive special education services. We have attempted to obtain your consent to our recommendation. As of this time, however, you have either not responded or you have refused to consent to the recommended services. If we do not hear from you by [Date] this site offer will be withdrawn.

If you wish to discuss the recommendation, please contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Copy must go to:     Principal     School Psychologist     Student File

Other: \_\_\_\_\_

## Parental Withdrawal of Consent for Special Education Services

OPTIONAL - NOT REQUIRED

Parental Withdrawal of Consent for Special Education Services Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Child's Current School: \_\_\_\_\_

I am withdrawing my consent for all special education supports and services recommended in my child's current Individualized Education Program (IEP). I understand that within 10 calendar days of receipt of this letter the Department will send me a notice which details the current special education and related services for which my child is recommended, and the current special education classification of my child. This notice will also inform me of the general education placement that my child will attend. I understand that 10 school days from the date on the notice, all special education services and supports in my child's current IEP will be stopped.

I understand that by withdrawing my consent for all special education services specified on my child's IEP, my child will no longer receive any special education and related services and will be considered a general education student at all times, including in any discipline/suspension proceedings. I understand that I may withdraw my consent, in writing, at any time. I understand that if I believe my child still needs special education services, but disagree with the recommendations on my child's IEP, I have the right to ask for an IEP meeting to review my child's IEP, or may use the due process procedures outlined in the "NYS Procedural Safeguards Notice".

I also understand that if I feel my child needs special education services in the future, I may make a referral for evaluation to a professional staff member of my child's school, or to the Committee on Special Education Chairperson.

\_\_\_\_\_

## Notice of Termination of Special Education Services Due To Parental Withdrawal of Consent

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent,

I am writing to inform you that the school district will stop providing all special education services specified in your child's Individualized Education Program (IEP) effective \_\_\_\_\_ (10 school days from the date of this Notice). \_\_\_\_\_ Date

If you do not want the special education services in your child's IEP to terminate, you must immediately contact \_\_\_\_\_ at \_\_\_\_\_.

If you believe your child still needs special education services, but disagree with the recommendations on your child's IEP, you have the right to ask for an IEP meeting to review your child's IEP, or you may use the due process procedures outlined in the "NYS Procedural Safeguards Notice".

We are stopping the special education services in your child's IEP because you have notified the school district in writing that you are withdrawing your consent for the provision of special education services. When you withdraw consent, it means that the school district:

1. will not continue to provide any special education and related services to your child;
2. may not use due process procedures (i.e., mediation, resolution meeting, or an impartial due process hearing) in order to obtain agreement or a ruling that the special education and related services may be provided to your child without your consent;
3. is not in violation of the requirement to make a free appropriate public education available to your child for its failure to provide further services to your child;
4. will not have an CSE meeting or develop an IEP for your child for the further provision of special education and related services; and
5. will not amend your child's education records to remove any reference to your child's receipt of special education and related services because of the revocation of consent.

This means that all special education and related services in your child's IEP, including any recommendations for special transportation, assistive technology, program modifications, transition services, participation in alternate assessments, testing accommodations and/or need for modified promotion criteria, as recommended on your child's IEP will no longer be provided to your child and that your child will be considered a general education student at all times, including in any discipline/suspension proceedings.

The following is a summary of your child's most recent IEP special education services:  
Your child is classified as \_\_\_\_\_.

The classification was based upon the following documentation:

- Social history/social history update
- Psychoeducational evaluation
- Classroom observation(s)
- Related service progress reports/evaluations
- Teacher progress reports
- Other: \_\_\_\_\_.

On \_\_\_\_\_ the IEP Team/CSE recommended the following special education program:

- General education with related services
- General education with Special Education Teacher Support Services
- Collaborative Team Teaching
- Special Class with a ratio of \_\_\_\_\_
- Special Class in a Specialized School (D 75)
- Other: \_\_\_\_\_
- Related Services, as indicated below:

Type: \_\_\_\_\_ Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

By withdrawing your consent, your child will no longer receive special education services as indicated above.

On \_\_\_\_\_ a Final Notice of Recommendation ("FNR") was issued to you, in which placement at \_\_\_\_\_ was offered. By withdrawing your consent, your child will not attend the placement as indicated on the FNR. Your child will attend a general education classroom in the following school: \_\_\_\_\_.

You have certain rights and protections under the procedural safeguards (rights) of special education law. You may receive information that describes those rights ("NYS Procedural Safeguards Notice") by contacting \_\_\_\_\_ at the following phone number \_\_\_\_\_.

If you feel at any time your child may be a student with a disability, you may make a referral for evaluation to a professional staff member of your child's school, or to the Committee on Special Education Chairperson. If you make such a referral, it will be considered an initial referral and all corresponding timelines will apply.

If you have any questions about withdrawing your consent, or questions about this Notice, please contact \_\_\_\_\_ at the following phone number \_\_\_\_\_.

Thank you.

**Final Notice of Recommendation: Initial**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

The IEP Team has conducted a meeting to discuss the educational needs of your child. You were invited to attend that meeting. As a result of the meeting, the IEP Team made the following final recommendation:

Classification: \_\_\_\_\_ Program Recommendation(s) \_\_\_\_\_

Related Service(s): \_\_\_\_\_

School Address: \_\_\_\_\_

You have the right to visit this site. If you would like to arrange a site visit before or after providing consent, please contact:

**Contact Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If you agree to this recommendation and wish to have these services provided to your child, please sign the bottom of this form, keep a copy for your records and return to the contact information listed above. Additionally, if you want to discuss this decision or if you would like to arrange another meeting, please call or write the contact indicated above. You may bring other individuals who have knowledge or special expertise regarding your child. If you have a disability which requires special arrangements, or if you need a translator or interpreter for the deaf, please notify the contact person listed above.

If you do not agree with the recommendation you have the right to request mediation or an impartial hearing. Your request for mediation should be directed, in writing to your Committee on Special Education Chairperson at: \_\_\_\_\_

\_\_\_\_\_. You may request an impartial hearing by writing to the New York City Department of Education, Impartial Hearing Office, 131 Livingston Street, Room 201, Brooklyn, New York 11201.

A copy must go to:  Principal  School Psychologist  Student File

Other: \_\_\_\_\_

I consent to the recommended services.

I do not consent to the recommended services

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

Or for students who will be attending private or parochial school:

My child will enroll or continue to be enrolled at a private or parochial school at my expense. I consent to the Related Services and/or Special Education Teacher Support Services (SETSS) recommended on my child's IEP. I understand that the Department will be contacting my child's school to inform the school of the recommendation and to arrange for these services.

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Final Notice of Recommendation: Annual Review or Reevaluation

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

The IEP Team has conducted a meeting to discuss the educational needs of your child. You were invited to attend that meeting. As a result of the meeting, the IEP Team made the following final recommendation:

Classification: \_\_\_\_\_ Program Recommendation \_\_\_\_\_

Related Service(s): \_\_\_\_\_

Site and Address \_\_\_\_\_

You have the right to visit this site. If you would like to arrange a site visit, please contact:

### Contact Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If you agree to this recommendation and wish to have these services provided to your child, please sign the bottom of this form, keep a copy for your records and return to the contact information listed above. Additionally, if you want to discuss this decision or if you would like to arrange another meeting, please call or write the contact indicated above. You may bring other individuals who have knowledge or special expertise regarding your child. If you have a disability which requires special arrangements, or if you need a translator or interpreter for the deaf, please notify the contact person listed above.

If we do not hear from you within 10 days of the date of this letter, the recommended services will be put into effect. Only if you request another IEP Meeting, mediation, or impartial hearing, before this date, the recommended changes will not be put into effect and your child will continue to receive the services s/he is currently receiving until all appeal procedures have been completed.

If you do not agree with the recommendation you have the right to request mediation or an impartial hearing. Your request for mediation should be directed, in writing to the:

Committee on Special Education Chairperson at: \_\_\_\_\_

\_\_\_\_\_.

You may request an impartial hearing by writing to the New York City Department of Education, Impartial Hearing Office, 131 Livingston Street, Room 201, Brooklyn, New York 11201.

I agree with the recommended services.

Parent signature : \_\_\_\_\_

Date: \_\_\_\_\_

Or for students who will be attending private or parochial school:

My child will enroll or continue to be enrolled at a private or parochial school at my expense. I agree to the Related Services and/or Special Education Teacher Support Services (SETSS) recommended on my child's IEP. I understand that the Department will be contacting my child's school to inform the school of the recommendation and to arrange for these services.

Parent signature : \_\_\_\_\_

Date: \_\_\_\_\_

## Final Notice of Recommendation – Initial Following Issuance of P1-R Letter

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

The IEP Team has conducted a meeting to discuss the educational needs of your child. You were invited to attend that meeting. As a result of the meeting, the IEP Team made the following final recommendation:

Classification: \_\_\_\_\_ Program Recommendation \_\_\_\_\_

Related Service(s): \_\_\_\_\_

We have now secured a public school placement for your child at:

School Address: \_\_\_\_\_

We previously sent you a P1-R letter which explained your right to place your child in an appropriate approved, day non-public school. As of the date of this letter, you have not informed us that you have enrolled your child in an appropriate approved, day non-public school. Now that we have secured a public school placement for your child, the P1-R letter is no longer in effect.

If at any time during this process you consent to this recommendation and wish to have these services provided to your child, please check the box below, sign, and return this form to the contact listed below. By signing this form, you will no longer be eligible to place your child in a non-public school at public expense. Please keep a copy for your records.

Additionally, if you want to discuss this decision or if you would like to arrange another IEP Conference with the Full Committee on Special Education, please call or write:

### Contact Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

You may bring other individuals who have knowledge or special expertise regarding your child. If you have a disability which requires special arrangements, or if you need a translator or interpreter for the deaf, please notify the contact person listed above.

If you do not agree with the recommendation you have the right to request mediation or an impartial hearing. Your request for mediation should be directed, in writing to the Committee on Special Education Chairperson at: \_\_\_\_\_  
\_\_\_\_\_. You may request an impartial hearing by writing to the New York City Department of Education, Impartial Hearing Office, 131 Livingston Street, Room 201, Brooklyn, New York 11201.

A copy must go to:     Principal     School Psychologist     Student File  
 Other: \_\_\_\_\_

- I consent to the recommended services.
- I do not consent to the recommended services.

Parent signature : \_\_\_\_\_  
Date: \_\_\_\_\_

Or for students who will be attending private or parochial school:

My child will enroll or continue to be enrolled at a private or parochial school at my expense. I consent to the Related Services and/or Special Education Teacher Support Services (SETSS) recommended on my child's IEP. I understand that the Department will be contacting my child's school to inform the school of the recommendation and to arrange for these services.

Parent signature : \_\_\_\_\_  
Date: \_\_\_\_\_

**Final Notice of Recommendation: Annual Review or Reevaluation Following Issuance of a P1-R Letter**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

The IEP Team has conducted a meeting to discuss the educational needs of your child. You were invited to attend that meeting. As a result of the meeting, the IEP Team made the following final recommendation:

Classification: \_\_\_\_\_ Program Recommendation: \_\_\_\_\_

Related Service(s): \_\_\_\_\_

We have now secured a public school placement for your child at:

School and Address \_\_\_\_\_

You have the right to visit this site. If you would like to arrange a site visit before or after providing consent, please contact:

**Contact Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

We previously sent you a P1-R letter which explained your right to place your child in an appropriate approved non-public school. As of the date of this letter, you have not informed us that you have enrolled your child in an appropriate approved non-public school. Now that we have secured a public school placement for your child, the P1-R letter is no longer in effect.

If at any time during this process you wish to have these services provided to your child, please let us know by signing below, and return this form to the contact listed below. By signing this form, you will no longer be eligible to place your child in a non-public school at public expense. Please keep a copy for your records.

Additionally, if you want to discuss this decision or if you would like to arrange an IEP Meeting, please call or write the Contact listed above. You may bring other individuals who have knowledge or special expertise regarding your child. If you have a disability which requires special arrangements, or if you need a translator or interpreter for the deaf, please notify the contact person listed above.

If we do not hear from you by \_\_\_\_\_, the recommended services will be put into effect. If you request another IEP meeting, mediation, or impartial hearing, before this date, any recommended changes will not be put into effect and your child will continue to receive the services s/he is currently receiving until all appeal procedures have been completed.

If you do not agree with the recommendation you have the right to request mediation or an impartial hearing. Your request for mediation should be directed, in writing to the Committee on Special Education Chairperson at: \_\_\_\_\_. You may request an impartial hearing by writing to the New York City Department of Education, Impartial Hearing Office, 131 Livingston Street, Room 201, Brooklyn, New York 11201.

A copy must go to:     Principal     School Psychologist     Student File  
 Other: \_\_\_\_\_

I agree with the recommended services.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Or for students who will be attending private or parochial school:

My child will enroll or continue to be enrolled at a private or parochial school at my expense. I agree with the Related Services and/or Special Education Teacher Support Services (SETSS) recommended on my child's IEP. I understand that the Department will be contacting my child's school to inform the school of the recommendation and to arrange for these services.

Parent signature : \_\_\_\_\_

Date: \_\_\_\_\_

**Final Notice of Recommendation for Interim Monolingual English Language Placement for Limited English Proficient-Initial**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent/Guardian

The IEP Team has conducted a meeting to discuss the educational needs of your child. You were invited to attend that meeting. As a result of that meeting, the IEP Team made the following final recommendation:

Classification: \_\_\_\_\_ Program Recommendation: \_\_\_\_\_

Related Service(s): \_\_\_\_\_

Site and Address: \_\_\_\_\_

Due to the immediate needs of your child and the unavailability of a bilingual program at this time the following Interim Placement that is administered in the English language with the support of a bilingual paraprofessional, if recommended, has been recommended pending the availability of a bilingual class:

Program Recommendation: \_\_\_\_\_

Related Service(s): \_\_\_\_\_

Site and Address: \_\_\_\_\_

You have the right to visit this site before or after providing consent. If you would like to do so, please notify the Contact Person indicated below. An Interim Placement is not considered a permanent placement. If you consent to this recommendation and wish to have these services provided to your child, please sign the bottom of this form, keep a copy for your records and return to:

**Contact Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If you want to discuss this decision or if you like to arrange another meeting, please call or write the contact person indicated above.

You may bring other individuals who have knowledge or special expertise regarding your child. If you have a disability which requires special arrangements, or if you need a translator or interpreter for the deaf, please notify the contact person above.

If after you meet again with the IEP Team you do not agree with the recommendation, you have the right to request mediation or an impartial hearing. Your request for mediation should be directed, in writing, to the Committee on Special Education Chairperson at:

\_\_\_\_\_  
\_\_\_\_\_

You may request an impartial hearing by writing to the New York City Department of Education, Impartial Hearing Office, 131 Livingston Street, Room 201, Brooklyn, New York 11201.

A copy must go to:     Principal     School Psychologist     Student File  
 Other: \_\_\_\_\_

- I consent to the recommended services.
- I do not consent to the recommended services

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Final Notice of Recommendation:  
Student Found Ineligible for Special Education Services**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

The IEP Team has conducted a meeting to discuss the educational needs of your child. You were invited to attend that meeting. As a result of the meeting, the IEP Team found that your child is not in need of special education services. We have attached a summary of our evaluation describing your child's present level of functioning.

If you want to discuss this decision or if you would like to arrange another meeting, please call or write:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

You may bring other individuals who have knowledge or special expertise regarding your child. If you have a disability which requires special arrangements, or if you need a translator or interpreter for the deaf, please notify the contact person listed above.

Additionally, if you do not agree with the recommendation you have the right to request mediation or an impartial hearing. Your request for mediation should be directed, in writing to your Committee on Special Education Chairperson at: \_\_\_\_\_

\_\_\_\_\_. You may request an impartial hearing by writing to the New York City Department of Education, Impartial Hearing Office, 131 Livingston Street, Room 201, Brooklyn, New York 11201.

A copy must go to:     Principal     School Psychologist     Student File  
 Other: \_\_\_\_\_

**Notice of Recommended Deferred Placement: Initial**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

The IEP Team has conducted a meeting to discuss the educational needs of your child. You were invited to attend that meeting. As a result of the meeting, the IEP Team made the following final recommendation:

Classification: \_\_\_\_\_ Program Recommendation: \_\_\_\_\_

Related Service(s): \_\_\_\_\_

Please note: Although you have the right to an immediate placement in this program, the IEP Team believes it may be in the best interest of your child to defer placement in this program until \_\_\_\_\_.

The reason to defer placement is: \_\_\_\_\_

\_\_\_\_\_ This means that your child will continue in his/her current educational placement.

If you wish to visit the type of program recommended for your child, please contact:

\_\_\_\_\_ at \_\_\_\_\_

for assistance in arranging an appointment. You will be receiving a Final Notice of Recommendation notifying you of a specific site, on or before \_\_\_\_\_.

If you consent to this recommendation and wish to have these services provided to your child, please sign the bottom of this form, keep a copy for your records and return to:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Should you wish to discuss or to arrange another IEP meeting, please call or write the contact indicated above.

You may bring other individuals who have knowledge or special expertise regarding your child. If you have a disability which requires special arrangements, or if you need a translator or interpreter for the deaf, please notify the contact person listed above.

If you do not agree with the recommendation, you have the right to request mediation or an impartial hearing. Your request for mediation should be directed, in writing to the Committee on Special Education Chairperson at:

\_\_\_\_\_  
\_\_\_\_\_

You may request an impartial hearing by writing to the New York City Department of Education, Impartial Hearing Office, 131 Livingston Street, Room 201, Brooklyn, New York 11201.

Please choose all that apply:

- I consent to the recommendation to defer the placement
- I consent to the program recommendation
- I do not consent to the program recommendation
- I do not consent to the recommendation to defer the placement

Parent signature : \_\_\_\_\_

Date: \_\_\_\_\_

A copy must go to:     Principal     School Psychologist     Student File  
 Other: \_\_\_\_\_

**Notice of Recommended Deferred Placement: Annual Review or Reevaluation**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

The IEP Team has conducted a meeting to discuss the educational needs of your child. You were invited to attend that meeting. As a result of the meeting, the IEP Team made the following final recommendation:

Classification: \_\_\_\_\_ Program Recommendation: \_\_\_\_\_

Related Service(s): \_\_\_\_\_

Please note: Although you have the right to an immediate placement in this program, the IEP Team believes it may be in the best interest of your child to defer placement in this program until \_\_\_\_\_. The reason to defer placement is: \_\_\_\_\_

This means that your child will continue in his/her current educational placement.

If you wish to visit a sample of the type of program recommended for your child, please contact: \_\_\_\_\_ at \_\_\_\_\_ for assistance in arranging an appointment. You will be receiving a Final Notice of Recommendation notifying you of a specific site, on or before \_\_\_\_\_.

If you consent to this recommendation and wish to have these services provided to your child, please sign the bottom of this form, keep a copy for your records and return to:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Should you wish to discuss or to arrange another meeting, please call or write the contact indicated above.

You may bring other individuals who have knowledge or special expertise regarding your child. If you have a disability which requires special arrangements, or if you need a translator or interpreter for the deaf, please notify the contact person listed above.

If you do not agree with the recommendation, you have the right to request mediation or an impartial hearing. Your request for mediation should be directed, in writing to the Committee on Special Education Chairperson at: \_\_\_\_\_  
\_\_\_\_\_. You may request an impartial hearing by writing to the New York City Department of Education, Impartial Hearing Office, 131 Livingston Street, Room 201, Brooklyn, New York 11201.

A copy must go to:     Principal     School Psychologist     Student File  
 Other: \_\_\_\_\_

Please choose all that apply:

- I disagree with the recommendation to defer the placement
- I disagree with the Program Recommendation
- I agree with the Program Recommendation
- I agree with the decision to defer

Parent signature : \_\_\_\_\_

Date: \_\_\_\_\_

**Authorization to Attend**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

You have consented to our recommended program and may bring your child to the following program/school on [Date]:

Program: \_\_\_\_\_ Class: \_\_\_\_\_

School Address: \_\_\_\_\_

School Telephone: \_\_\_\_\_

If your child will be attending a new school, please accompany your child to school on the first day to provide required information and to meet your child’s teacher who may answer any questions that you have.

If busing has been requested for your child, the Office of Pupil Transportation will notify you shortly regarding the first day of service. In the meantime, you may bring your child to school.

If you have any questions about your child’s school, the recommended special education placement, or transportation, please call \_\_\_\_\_ at \_\_\_\_\_ who will be happy to assist you.

## Authorization to Attend a Special Education Program as a Comparable Service

{Please note: This letter is used only for students who are entering the New York City public school system from a special education program outside of New York City}

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

After considering the information provided from your child's last special education program and consulting with you, the IEP Team has determined that the program below offers services comparable to those your child last received:

Classification: \_\_\_\_\_ Program: \_\_\_\_\_

Related Services: \_\_\_\_\_ Service Category: \_\_\_\_\_

School Name and Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

You have the right to visit this site before or after you provide consent. If you would like to arrange a site visit, please contact:

### Contact Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

You may bring your child to the program and school indicated above on \_\_\_\_\_. Please accompany your child to school on the first day to provide required information and to meet your child's teacher who may answer any questions that you have. If busing has been requested for your child, the Office of Pupil Transportation will notify you shortly regarding the first day of service. In the meantime, you may bring your child to school.

**Please Note:** This service may be temporary, as a New York City IEP must be developed in order to appropriately serve your child. You will receive notification regarding your input into this process.

If you have any questions about your child's school, the recommended special education placement, or transportation, please call \_\_\_\_\_ at \_\_\_\_\_ and we will be happy to assist you.

A copy must go to:  Principal  School Psychologist  Student File

Other: \_\_\_\_\_

**P1-R**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NYC Student ID No.: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Parent:

Your child has been referred for special education services. At this time, The New York City Department of Education (DOE) is not able to provide the special education services recommended for your child. Therefore, you now have the legal right to place your child in an appropriate special education program in a New York State Education Department (SED) approved private day school. All tuition and transportation charges will be paid by the DOE and the SED if the placement is appropriate, and there will be no cost to you. If you decide to look for an appropriate private day school placement for your child, the DOE would be pleased to help you. Please note that this letter may not be invoked for enrollment in a residential program.

Attached to this letter is a copy of your child's most current Individualized Education Program (IEP). You should bring this IEP to any approved private school you wish to consider. If an IEP is not attached to this letter please contact the public school your child attends. If your child attends a non-public or charter school, contact the Committee on Special Education Office. Please note that you may still enroll your child in a private school even without an IEP. A list of SED approved private schools is also attached.

The DOE will continue to make every effort to find an appropriate public special education program for your child. If an appropriate public school program is found, we will telephone you and send you a final notice of recommendation with the placement site being offered.

If you need help in choosing an appropriate private school for your child, please contact the Central Based Support Team at (718) 758 -7716.

## SETSS Authorization for Students Recommended for CTT

Date: \_\_\_\_\_

Dear Parent/Guardian:

Your child has been recommended to receive Collaborative Team Teaching (CTT) services. The New York City Department of Education is currently unable to provide CTT. You may therefore obtain Special Education Teacher Support Services (SETSS) for \_\_\_\_\_ periods a week on an interim basis from an eligible independent provider without cost to you until Collaborative Team Teaching services can be arranged.

Enclosed please find:

- Form P-4, The SETSS Independent Provider Authorization Form to be completed by you and the independent provider you select and returned to the Department at the above address.
- Frequently Asked Questions and Answers that will help guide you through this process.
- Form SETSS-5, Transportation Reimbursement Voucher and Guidelines for public transportation, private car, metered taxi cab and Form SETSS-5a, Transportation Reimbursement Voucher for private car service.

Special Education Teacher Support Services Independent Provider Registry. This registry is also available on the Web at:

<http://schools.nyc.gov/Academics/SpecialEducation/ParentResources/default.htm>

Please be assured that the New York City Department of Education will continue to make every effort to provide Collaborative Team Teaching to your child. If you have any questions, please contact \_\_\_\_\_ at \_\_\_\_\_.

**ESL Authorization**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Program: \_\_\_\_\_

Frequency/Duration: \_\_\_\_\_

Dear Parent:

An IEP Team met on \_\_\_\_\_ and determined that your child requires the assistance of an ESL teacher. You consented to this service. The Department has not been able to locate an ESL teacher to serve your child in his public school and the Department is required to issue this authorization that will provide you with ESL services. Attached please find information regarding available providers, and a Department of Education staff member for you to contact if you require assistance in locating a provider.

If you do decide to enlist the services of a provider, please ask the provider to complete the attached form and return it immediately to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Placement Preference Form

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

An IEP Meeting was held for this student on \_\_\_\_\_. A recommendation of [CTT or SC] was made at that time. This program is not available at the student's current school, \_\_\_\_\_ located in District \_\_\_\_\_. The DOE has reviewed with the parent the schools in the student's district that currently have availability in an appropriate [CTT or SC].

Of those schools that have the appropriate program, the parent has expressed a preference for the following schools (in order of preference):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Please contact \_\_\_\_\_ at  
[phone number \_\_\_\_\_] with any questions.

**P-2**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear \_\_\_\_\_

CSE Chairperson

This letter confirms our telephone conversation on \_\_\_\_\_ when I notified you that the above referenced student has been accepted into our school's program under order #10 Unilateral Placement eligibility. Service has begun or will begin on \_\_\_\_\_, and the parent has authorized this placement by signing below.

The student will be placed in class# \_\_\_\_\_, which has a maximum class size/staffing ratio of \_\_\_\_\_ and conforms with the requirements of the IEP. I understand that the class register may not exceed the maximum class size unless a variance has been requested and approved by the State Education Department. If a variance request has been submitted to the State for this class, a copy is attached.

The current age range in this class is from \_\_\_\_\_ to \_\_\_\_\_ and students all have similar management needs, exhibit similar physical and social developmental levels as well as functional levels of performance. Should it become necessary to change the class assignment prior to SED approval, we will notify you as well as the State Education Department.

Transportation is required,  Transportation is not required please process application immediately.

Related service(s) as indicated on the IEP will be provided as follows:

Service Recommended	Sessions per Week	Minutes per Session	Maximum Group Size
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Specialized equipment (when appropriate) as mandated on the IEP

\_\_\_\_\_

This letter confirms the \_\_\_\_\_ School's ability to  
Provide the above-mentioned services as mandated on the student's IEP dated  
\_\_\_\_\_.

If there are any questions concerning this student's admission, please telephone  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Nonpublic School Representative

I authorize the \_\_\_\_\_ school to provide educational services to  
my child on the date indicated above. I understand that by signing this form I agree not to  
enroll my child in any other NPS.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

c: Central Based Support Team  
State Education Department  
IEP folder

**P-3 Authorization for independent Provider for  
Special Education Teacher Support Services (SETSS)**

Date: \_\_\_\_\_

Dear Parent/Guardian:

Your child has been recommended to receive Special Education Teacher Support Services (SETSS). The New York City Department of Education (the Department) is currently unable to provide this service. You may, therefore, obtain this service from an eligible independent provider without cost to you.

Enclosed please find:

- **Form P-4, The SETSS Independent Provider Authorization Form**-to be completed by you and the independent provider you select and returned to the Department at the above address.
- **Frequently Asked Questions and Answers** that will help guide you through this process.
- **Form SETSS-5, Transportation Reimbursement Voucher and Guidelines** for public transportation, private car, metered taxi cab and **Form SETSS-5a, Transportation Reimbursement Voucher** for private car service.
- **Special Education Teacher Support Services Independent Provider Registry.** This registry is also available on the Web at:

<http://schools.nyc.gov/Academics/SpecialEducation/ParentResources/default.htm>

Please be assured that the New York City Department of Education will continue to make every effort to provide this service to your child. If you have been unable to locate a provider or have any questions, please contact \_\_\_\_\_ at \_\_\_\_\_.

## Level I Vocational Interview-Parent/Guardian

### VOCATIONAL NEEDS

1. After graduation from school, what do you think your child will be doing?
  - o Vocational School/Training
  - o College
  - o Seeking employment; if so, what type?
  - o Other
2. What are your child's special interests?
3. What are your child's strengths?
4. What kind of jobs does your child seem interested in?
5. What skills do you think need to be developed to help your child reach his/her goals?
6. Does your child have any medical conditions that would affect his/her ability to work or go to college or vocational school?

### INDEPENDENT LIVING/PERSONAL MANAGEMENT

1. What chores or responsibilities does your child currently have at home?
2. What other tasks would you like your child to perform at home?
3. After graduation from school, where and with whom do you expect your child to live?
4. Would your child be able to travel to and from work?
5. How does your child spend his/her leisure time?
6. In which of the following areas of independent living does your child need instruction?

<input type="checkbox"/> Clothing care	<input type="checkbox"/> Time management	<input type="checkbox"/> Consumer skills
<input type="checkbox"/> Meal preparation	<input type="checkbox"/> Organization	<input type="checkbox"/> Interpersonal skills
<input type="checkbox"/> Hygiene / grooming	<input type="checkbox"/> Getting along with others	<input type="checkbox"/> Safety
<input type="checkbox"/> Travel training	<input type="checkbox"/> Self-advocacy	<input type="checkbox"/> Appropriate behavior
<input type="checkbox"/> Community awareness	<input type="checkbox"/> Household management	<input type="checkbox"/> Problem solving
<input type="checkbox"/> Financial management	<input type="checkbox"/> Health / first aid	

### GENERAL

How would you like the school district to help you plan for your child's needs after she/he graduates?

### ADDITIONAL COMMENTS

Please indicate any additional comments that will help us plan for your child's future.

Name of Parent/Guardian completing this form \_\_\_\_\_

Date \_\_\_\_\_

## Level I Vocational-Teacher Assessment

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

1. Describe the student's awareness of the world of work
2. Has the student indicated any interest in post secondary education or career?
3. Describe the student's ability to apply knowledge and skills he/she has learned in other settings.
4. What are the student's projected post-secondary expectations?
5. Are they realistic goals and expectations?
6. Are the parent's expectations for the student realistic?
7. What are the areas and skills the student needs to develop to achieve appropriate post-secondary outcomes?
8. Describe activities that motivate the student:
9. Additional Comments:

## Level 1 Vocational Interview-Student

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

1. What classes do you like best in school?
2. What classes do you like the least?
3. Are you involved in activities ( clubs, sports, band, etc.) in school?
4. What do you do with your spare time? Do you have any hobbies?
5. Do you like to work by yourself, or with a group?
6. What kind of job do you think you would like to do when you graduate?
7. What do you have to do to prepare for this kind of work?
8. What are the things that you do best?
9. What things are hard for you to do?
10. Do you have any jobs at home? If yes, please describe.

## Request for Release of Records

### REQUEST FOR RELEASE OF RECORDS

NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

To Whom It May Concern:

We are currently evaluating the above child to determine his/her educational needs. In order to avoid unnecessary duplication of testing, please forward copies of your evaluations as indicated below. Parental consent for release of this information is indicated on the bottom of this form. If you have administered any diagnostic tests within the last three years, other than those indicated, please forward copies of those reports as well.

<input type="checkbox"/> Medical	<input type="checkbox"/> Neurological
<input type="checkbox"/> Psychological	<input type="checkbox"/> Audiometric
<input type="checkbox"/> Social History	<input type="checkbox"/> Optometric
<input type="checkbox"/> Educational	<input type="checkbox"/> Speech and Language
<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Other

Under the law, parents have access to all reports in their child's school record. All reports received will become part of the child's school record and may be disclosed in accordance with the Family Educational Rights and Privacy Act.

Please forward information to:	

This information should be forwarded as quickly as possible, so that delay in the evaluation of this child will be avoided.

If you have any questions, please feel free to call me at:

\_\_\_\_\_ on \_\_\_\_\_  
(Telephone) (Days)

Thanks for your cooperation.

Sincerely,

Signature
Name (Print)
Title

#### **IMPORTANT: PLEASE READ, SIGN AND RETURN TO THE CSE IN THE ENCLOSED ENVELOPE**

I hereby authorize the Department of Education, its employees and agents, to consult with and to obtain any further information they may deem appropriate relating to my child's medical condition, medication and/or treatment, from any health care provider and/or pharmacist. I understand that all records will be kept confidential and will not be given to any other agency or individual without my written consent.

(Sign here) \_\_\_\_\_  
Signature of parent/guardian

Date \_\_\_\_\_

NYCID: \_\_\_\_\_

CSE Case #: \_\_\_\_\_

School: \_\_\_\_\_

## Student Exit Summary

### Instructions

#### Purpose:

The attached Student Exit Summary (“Summary”) must be completed for public school students and students who are attending approved non-public schools whose eligibility for special education services terminate because they have reached the age of 21, or will receive a Regents, Local or IEP diploma. The Summary should be completed during the final year of high school and provided to the student prior to exiting. The Summary must be completed by a staff member who is familiar with the student’s functional and academic levels, accomplishments, needs, necessary accommodations, and post-school goals. This individual may be the guidance counselor, the school psychologist, the school social worker, the student’s teacher, or other school administrator designated by the school principal. Additionally, the Summary must include input directly from the student, family and other school/agency personnel, as appropriate.

The goal of the Summary is to provide the exiting student with a meaningful summary of his/her current strengths, abilities, skills, functional and academic levels, needs, limitations, necessary accommodations, and recommendations that will support the student in reaching his/her post-school goals after leaving the New York City public school system. The Summary may assist the student in establishing eligibility for reasonable accommodations and supports in postsecondary settings, the workplace and the community. It should also aid the student in accessing adult services, as appropriate.

The Summary is mandated by the IDEIA and corresponding New York State Regulation.

- Part 1: Background Information - Complete this part as specified, entering the student’s biographical information, the graduation or exit date as anticipated on the student’s IEP and the reason the student is exiting school. Please also indicate your name, title and telephone number.
- Part 2: Summary of Present Level of Performance - This part includes information in three critical areas:
- Academic achievement, functional performance and learning characteristics;
  - Social development; and
  - Physical development
- Part 3: Accommodations and Supports - This part must contain current information regarding accommodations, modifications and assistive technologies that were essential in high school to assist the student in achieving academic success.

- Part 4: Postsecondary Goals - Information regarding the student's postsecondary goals in the area of education/job training, employment, or independent living should reflect the Measurable Postsecondary Goals Statement as written in the student's current IEP.
- Part 5: Recommendations that may assist the student in reaching postsecondary goals - This part should provide the student with recommendations and suggestions for achieving the student's post-secondary planning and goals as described in Part 4. Please note that these recommendations will not be implemented by the NYC DOE and must be written accordingly.
- Part 6: Organizations or agencies to provide linkage support – Indicate organizations or agencies that may have a role in supporting student achievement of post-school goals. Provide specific contact information for individuals and agencies if available.

**Part 1 - Background Information:**

Date Completed: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Date of Graduation/Exit: \_\_\_\_\_

Reason for Exit:

Regents Diploma  Local Diploma  IEP Diploma  Student to exceed age eligibility

Individual Completing Form: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Part 2 - Summary of Present Levels of Performance:**

<b>Academic or Functional Area</b>	<b>Present Levels of Performance</b>
<u>Reading</u> (e.g., basic reading/decoding and reading comprehension)	
<u>Math</u> (e.g., calculation skills, problem solving, quantitative reasoning)	
<u>Language</u> (e.g., written expression, speaking, spelling)	
<u>Learning Characteristics</u> (e.g., classroom participation, note-taking, homework and time management; study skills)	

Academic or Functional Area	Present Level of Performance
<p><u>Social and Behavioral Development</u>            (e.g., interaction with teachers/peers; responsiveness to services and accommodations; degree of involvement in extra-curricular activities; emotional or behavioral issues related to learning and attention)</p>	
<p><u>Physical Development and Medical Conditions</u></p>	

**Part 3 - Accommodations and Supports:**

Indicate whether the student currently requires accommodations, including but not limited to assistive technology, and environmental or material resources or modifications.

**Part 4 - Student's Postsecondary Goals:**

Identify the post-school environment the student intends to transition to upon completion of his/her high school education and draft goals accordingly.

Education and/or Career Training:

Employment:

Independent Living:

**Part 5 - Recommendations that may assist the student in reaching post-secondary goals:**

**Part 6 - Identify organizations or agencies to provide linkage support (as appropriate):**

Provide specific contact information for individuals and/or agencies, if available.

## Notice of Graduation with Regents Endorsed or Local Diploma

### SCHOOL LETTERHEAD

#### NOTICE OF GRADUATION WITH REGENTS ENDORSED OR LOCAL DIPLOMA FOR STUDENTS WITH DISABILITIES

Student's Name: \_\_\_\_\_

NYCID # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Parent/Guardian:

Based upon a review of your child's educational records, it is anticipated that s/he will satisfy the requirements for a Regent's endorsed or local high school diploma at the end of the term. Please note that your child's receipt of either a Regent's endorsed or local high school diploma will terminate his/her eligibility to receive a free appropriate education after graduation.

The issuance of such a high school diploma is also in accordance with your child's Individualized Education Program (IEP). You have been involved in previous meetings held to develop the IEP, and have participated in transition planning which helped prepare your child for graduation from high school, including his/her involvement in life in the community, independent living, post-secondary education, employment, and/or vocational training.

If you do not agree that your child has completed all the requirements for a Regent's endorsed or local high school diploma, you have the right to request a meeting with the Committee on Special Education (CSE) by writing to the Chairperson of the CSE.

The law provides you with certain rights, including procedural safeguards, in connection with this review. Your Notice of Rights for Parents of Children with Disabilities is attached. For a full description of your rights, please refer to the booklet, *A Parent's Guide to Special Education for Children, 5-21*. If you do not have a booklet, you can obtain one from the CSE.

Sincerely,

\_\_\_\_\_  
Principal

Attachment: Notice of Parental Rights

PARENT COPY

SCHOOL COPY

CSE COPY

# Emotional Disability Justification Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ CSE # \_\_\_\_\_ OSIS # \_\_\_\_\_

## EMOTIONAL DISABILITY JUSTIFICATION FORM

1. Is there evidence in the history, observations, and reports of

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	an inability to learn that cannot be explained by intellectual, sensory or health factors
<input type="checkbox"/>	<input type="checkbox"/>	that has been present for a long time
<input type="checkbox"/>	<input type="checkbox"/>	to a marked degree
<input type="checkbox"/>	<input type="checkbox"/>	an inability to build or maintain satisfactory relationships with peers
<input type="checkbox"/>	<input type="checkbox"/>	that has been present for a long time
<input type="checkbox"/>	<input type="checkbox"/>	to a marked degree
<input type="checkbox"/>	<input type="checkbox"/>	an inability to build or maintain satisfactory relationships with teachers or other adults in the school
<input type="checkbox"/>	<input type="checkbox"/>	that has been present for a long time
<input type="checkbox"/>	<input type="checkbox"/>	to a marked degree
<input type="checkbox"/>	<input type="checkbox"/>	inappropriate types of behavior or feelings under normal circumstances
<input type="checkbox"/>	<input type="checkbox"/>	that has been present for a long time
<input type="checkbox"/>	<input type="checkbox"/>	to a marked degree
<input type="checkbox"/>	<input type="checkbox"/>	a generally pervasive mood of unhappiness or depression
<input type="checkbox"/>	<input type="checkbox"/>	that has been present for a long time
<input type="checkbox"/>	<input type="checkbox"/>	to a marked degree
<input type="checkbox"/>	<input type="checkbox"/>	a tendency to develop physical symptoms or fears associated with personal or school problems
<input type="checkbox"/>	<input type="checkbox"/>	that has been present for a long time
<input type="checkbox"/>	<input type="checkbox"/>	to a marked degree

2. Is there evidence in the history, observations, and reports that the behaviors cited above have an adverse impact on the student's education performance? On the back of this form, briefly describe the evidence and indicate in which reports it can be found.

**NOTE:**

- All three questions in a single section in question 1 must be answered Yes and there must be evidence of an adverse educational impact for a student to meet the eligibility criteria for classification as emotionally disturbed. However, if the student has recently had an acute episode, e.g. a break with reality, a suicidal threat or gesture, etc., then the team may consider a classification of Emotional Disturbance if the episode is likely to have a significant impact on the student's ability to perform in school.
- The classification of Emotional Disturbance may apply to students who are schizophrenic. The classification does not apply to students who are socially maladjusted unless it is determined that they have an emotional disturbance in accordance with the criteria described above.

**Based on the data in the observations and reports, the student meets the eligibility criteria for an emotional disability and requires special education supports and or services, as described on the IEP, to benefit from instruction.**

Yes

No

(NOTE: If a team member disagrees with the decisions reflected in the report, he/she must submit a separate statement presenting his/her reasons.

Signatures:

_____	Parent/Legal Guardian	_____	General Education Teacher
_____	District Representative	_____	Special Education Teacher
_____	School Social Worker	_____	School Psychologist
_____	Other		

# Specific Learning Disability Justification Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ CSE # \_\_\_\_\_ OSIS # \_\_\_\_\_

## SPECIFIC LEARNING JUSTIFICATION FORM

1. Is there evidence in the observations and reports of a disorder I one or more of the basic psychological process (Attention, Perception, Discrimination, Sequencing, memory, Symbolization, Synthesis, Conceptualization)?

*(Briefly describe the evidence and indicate in which reports it can be found.)*

2. Is there evidence in the reports and observations that the process disorders affect the student's ability to Listen, Think, Speak, Read, Write, Spell, do Mathematical Calculations?

*(Briefly describe the evidence and indicate in which reports it can be found.)*

3. Are the student's learning problems primarily due to:

Yes No

- lack of instruction in reading or math  
  prolonged absence from school  
  Limited English Proficiency  
  environmental, cultural, or economic Disadvantage

*(NOTE: If YES to any of the above questions, an alternative to special education should be considered.)*

Yes No

- a visual impairment  
  a hearing impairment  
  a motor impairment  
  mental retardation  
  emotional disturbance

*(NOTE: If YES to any of the above questions, a different classification should be considered.)*

4. Is there evidence of a severe discrepancy between ability and performance in specific academic areas?

Yes

No

NOTE 1  Due to the lack of appropriate test instruments, the team must assess this student using non-standardized techniques and is, therefore, unable to apply the formula. A statement explaining where the discrepancies are found is attached.

NOTE 2  Although this student does not exhibit a severe discrepancy the team believes the student is learning disabled. A statement explaining the team's reasons for determining the student is learning disabled is attached.

**Based on the data in the observations and reports, the student meets the eligibility criteria for a learning disability and requires special education supports and or services, as described on the IEP, to benefit from instruction.**

Yes

No

*(NOTE: If a team member disagrees with the decisions reflected in the report, he/she must submit a separate statement presenting his/her reasons.*

Signatures:

\_\_\_\_\_  
 Parent/Legal Guardian  
 \_\_\_\_\_  
 District Representative  
 \_\_\_\_\_  
 School Social Worker  
 \_\_\_\_\_  
 Other

\_\_\_\_\_  
 General Education Teacher  
 \_\_\_\_\_  
 Special Education Teacher  
 \_\_\_\_\_  
 School Psychologist

**CBST-1**

TO: CENTRAL BASED SUPPORT TEAM  
FROM: \_\_\_\_\_, Chairperson  
\_\_\_\_\_, CBST Liaison  
Date: \_\_\_\_\_

SUBJECT: REQUEST FOR CENTRAL BASED SUPPORT TEAM ASSISTANCE

STUDENT INFORMATION

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_  
Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_  
Current Class/Program: \_\_\_\_\_

Service category prior to submission to: \_\_\_\_\_

Case deferred to CBST for: (check one program)

- NPS Day  NPS Residential
- Monolingual  Bilingual

Dominant Language: \_\_\_\_\_

- 10-Month  12-month

- Initial  Requested Reevaluation  Annual Review  Mandated 3-year

Date of Referral for Program Change: \_\_\_\_/\_\_\_\_/\_\_\_\_/

Date of IEP Team Review: \_\_\_\_/\_\_\_\_/\_\_\_\_/

Compliance Date (60<sup>th</sup> day): \_\_\_\_/\_\_\_\_/\_\_\_\_/

Below is the reason the case has not been forwarded to CBST by thirtieth (30<sup>th</sup> day) from the day of referral as appropriate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unilateral Placement Documentation (complete as appropriate)

Date P1R letter issued \_\_\_\_/\_\_\_\_/\_\_\_\_

Date P2 letter \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
CSE Chairperson Date

c: Deputy Executive Director, Integrated Service Center

**IEP Team Efforts to Place Student in LRE**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_

Tel # \_\_\_\_\_

This form must be attached to the Assurance Form for all submissions

Indicate below efforts to place student in a public facility/IEP Team findings regarding lack of suitability of public placements (ALL items must be completed for EVERY student):

The following is the most restrictive public special education program tried or considered by the IEP Team (check one and complete ratio):

\_\_\_\_\_ IN-DISTRICT \_\_\_\_\_ BOCES \_\_\_\_\_ NEIGHBORING DISTRICT  
CLASS SIZE/RATIO OF SPECIFIC PROGRAM TRIED/CONSIDERED: \_\_\_\_\_:1:\_\_\_\_\_

The following supplementary aids/supports services were tried with or considered as additions to (or are integrated components of) the most restrictive public special education program (check all that apply):

- Counseling       1:1 Aide       Psychological Services  
 OT                       PT                       Speech       Consultant Teacher

Other (Please specify, noting that "none" is not an acceptable response.):

\_\_\_\_\_  
\_\_\_\_\_

Evidence of lack of progress in less restrictive programs (Must be completed for ALL students):

The following number of goals on the student's IEP have not been achieved:  
\_\_\_\_\_ out of \_\_\_\_\_

A lack of progress is not relevant because:

\_\_\_\_\_ The student was not previously in any school-age special education setting.

\_\_\_\_\_ The referral was made as a result of a hospitalization, arrest or assault. \_\_\_\_\_  
The IEP Team is recommending change of placement from one New York State approved private day or residential school to another approved school.

State the IEP Team reason that residential services are necessary to meet one or more educational needs as specified on the student's IEP: (Complete for all residential placements only):

The following number of goals on the IEP could not be met without placement in a 24-hour program: \_\_\_\_\_

IEP Team Timetable for return to district program/CSE and reason timetable not appropriate

(Complete for all residential placements only; at least one item must be completed):

\_\_\_\_\_The IEP Team believes that the student will return to a district program by:  
\_\_\_\_\_

\_\_\_\_\_Student's rate of progress will be assessed and placement will be reviewed on:  
\_\_\_\_\_

(Note that this must be within one year of the review date indicated on first page of this application)

\_\_\_\_\_The student will be transitioning to adult services by the beginning of the next school year.

## Case Transmittal Form

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Type of Case:  Initial  Reevaluation

The following materials are attached to this cover sheet:

	Enclosed	Not Necessary
Consent for Evaluation		
Social History/Social History Update		
Psychoeducational Report		
Classroom Observations/Reports(s)		
Vocational Assessment		
Speech and Language Report		
Physical Examination Report		
Teacher Report/Anecdotal		
Other Reports (indicate)		
Updated or new IEP		
Appointment Letter(s)		
Final Notice of Recommendation		
Other:		

### Case Disposition and Comments:

- No recommendation made; defer to CBST
- School **not** known; FNR to be generated
- FNR generated
- Case closed; no consent for initial evaluation
- Case closed; no consent for initial recommended services

**Notice of Secured Placement**

**MEMORANDUM**

Date: \_\_\_\_\_

TO: \_\_\_\_\_, School Name/Number  
\_\_\_\_\_, School Psychologist

FROM:  
Sally McKay, Director, Central Based Support Team  
\_\_\_\_\_, CBST Case Manager

**SUBJECT: Notice of Secured Placement**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_  
Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_  
Current Class/Program: \_\_\_\_\_

SITE SECURED: \_\_\_\_\_

Please be advised that a placement has been secured for the above referenced student. IEP team must reconvene an IEP conference to add the information to the service category on page one of the IEP. Additionally, the IEP team should consider making the following IEP changes: Please see attached

The FNR has been generated in SEC. Upon completion of the reconvene meeting, please print the FNR for the parent signature. Upon receipt of the signed FNR, please issue the authorization letter and contact \_\_\_\_\_ to generate transportation, if appropriate. Case Manager

If, upon reconvene, the IEP team determines that the student's needs cannot be addressed at this site, please submit a written rationale providing specific details of your determination.

Please contact \_\_\_\_\_ at (718) 758- \_\_\_\_\_  
or e-mail at the Case Manager, \_\_\_\_\_, at \_\_\_\_\_.  
if you have any questions. Thank you.

## Assurance Checklist

To: Central Based Support Team

FROM: \_\_\_\_\_, School Name/Number  
\_\_\_\_\_, School Psychologist  
District #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### SUBJECT: ASSURANCE CHECKLIST

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

### Racial/Ethnic Category (check one)

Native American/Alaskan Native  Asian  Black  Hispanic  White  Unknown

Please review the following assurance checklist and provide responses as requested.

### Evaluations

1. Number of individuals who conducted the evaluations: \_\_\_\_\_
2. Date of social history: \_\_\_\_\_
- 3a. Date of Psychoeducational: \_\_\_\_\_
- 3b. Psychoeducational completed by (check one) \_\_\_\_\_ Licensed Psychologist  
\_\_\_\_\_ Certified School Psychologist
- 4a. Date of physical examination: \_\_\_\_\_
- 4b. Physical examination completed by (check one) \_\_\_\_\_ Physician  
\_\_\_\_\_ Physician's assistant  
\_\_\_\_\_ Nurse practitioner
- 4c. Date of Psychiatric (required for any student classified as ED unless a written justification is submitted indicating why it is not needed): \_\_\_\_\_
6. Date of functional behavior assessment (if applicable): \_\_\_\_\_
7. Date of observation: \_\_\_\_\_
8. The current education setting for this student is: \_\_\_\_\_

### IEP Meeting Information

1. Date of meeting \_\_\_\_\_
2. Did all mandated members of the IEP Team participate in the Review (circle one)  
Y N
3. Are all components of IEP completed? e.g. present levels of performance, test accommodations, BIP, transition plan, where applicable (circle one)  
Y N
4. Were other less restrictive recommendations considered during the review and indicated page 8 of the IEP? (circle one)  
Y N
5. Is a separate LRE statement included (circle one) Y N

6. Type of setting believed appropriate for this student (circle one)

Day

Residential

If the answer to any question above was no, please take corrective action prior to submitting the case to the CBST.

---

I certify that these evaluations were conducted on the dates, and by the persons, indicated above and that these evaluations were duly considered in accordance with Sections 200.4 and 200.6 of the Commissioner's Regulations and Section 4402 of the Education Law. I also certify that the Individualized Education Program and attached LRE statement, which were generated as a result of the review, conform to the requirements of Section 200.4 and 200.6 of the Commissioner's Regulations and Section 4402 of the Education Law.

---

Principal

---

Date



**Assessment Authorization -1 Form: Assessment Authorization**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent/Guardian:

In order to complete your child's assessment it is necessary to conduct a(n) \_\_\_\_\_. Either the New York City Department of Education is currently unable to conduct this evaluation or you have requested an independent evaluation. You may, therefore, obtain this service from an independent non-Department of Education evaluator, without cost to you.

Please find enclosed information on how to use this Assessment Authorization, and a [Registry of Independent Evaluators](#) to assist you in locating an evaluator. You may use any evaluator on this [Registry](#), or any other licensed independent non-Department of Education evaluator of this specified assessment. Please note that all independent providers must be appropriately licensed, receive security clearance from the DOE and accept DOE established rates as identified in AA-5 Form.

If your child requires a bilingual evaluation, please note that if you are unable to locate an evaluator within five (5) business days, the ISC/CSE designee may then conduct the assessment by using a translator. The exception to this is a bilingual speech evaluation, which must be conducted by a certified bilingual speech therapist.

In addition, written approval through the AA-2 Form must be obtained prior to the assessment being conducted. If you have any questions or require assistance in this matter, please contact this office at (\_\_\_\_\_)\_\_\_\_\_.

Sincerely,

ISC/CSE Designee

Enclosure

- c: Committee on Special Education File
- Confidential Special Education School File

**Assessment Authorization - 2 Form:  
Student, Parent/Guardian and Independent Evaluator Information**

Please complete the information requested, attach a copy of your New York State Education Department license or certificate, sign this form and return this material to the appropriate ISC/CSE.

Please print legibly

Name of Student: _____ Student ID No.: _____ - _____ - _____  Student's Address: _____ City, State and Zip: _____ School: _____ Borough: _____ District: _____
Assessment Requested: _____ Language: _____ Name of Parent: _____ Work Telephone No: _____ Home Telephone No.: _____

Evaluation to be provided at (please check one):  Committee on Special Education Office  
 Student's School  Student's Home  Evaluator's Place of Business

I have obtained the following independent evaluator:

Name of Independent Evaluator: _____ (Please print the name of the independent evaluator) Social Security No.: _____ Professional Title/Discipline: _____ NYS License/Certificate No.: _____
Evaluator's Address: _____ City, State and Zip : _____ Telephone No.: ( ) _____ Name of Agency (if appropriate): _____ Agency Address: _____ Employer Tax ID No. (if agency): _____ Rate (may not exceed maximum established by DOE): _____ Payment and correspondence to be mailed to: <input type="checkbox"/> Provider <input type="checkbox"/> Agency

By providing this assessment, the evaluator agrees to:

- Submit appropriate license/certificate in the area in which they are conducting the Assessment.

- Submit evidence of bilingual proficiency by (a) a New York City Department of Education license as a teacher of a foreign language; (b) provide New York State Education Department certification as a teacher of a foreign language; (c) the passing results of the Language Proficiency Assessment; and (d) a New York State Education Department Bilingual Extension Certificate (for Bilingual Assessments only).
- Conduct the assessment in the language specified by the New York City Department of Education.
- Receive security clearance, as a result of fingerprinting, with the cost to be incurred by the provider prior to the initiation of services.
- Accept no more than the maximum rate established by DOE and listed in AA-5 Form for these services. The rate charged must be no higher than the lowest rate you normally charge. Providers will make no request to the parent/guardian for payments for services provided or for additional monies.
- Submit invoices directly to the New York City Department of Education in the format required with no out-of-pocket expenses accruing to the parent/guardian.
- Submit to the appropriate ISC/CSE, a typewritten report containing the required affirmation within fifteen (15) business days of receiving the authorization to conduct the assessment.
- Conduct a classroom observation, participate in the development of the IEP and attend the IEP Conference, if necessary, at no additional cost. Failure to do so may result in payment for the assessment being withheld.
- Participate in the collection of information requested at no additional cost to New York City Department of Education, in order that the New York City Department of Education receives Medicaid reimbursement.
- Carry his or her own professional malpractice/liability insurance.

Please Note: Any individual who is a current employee of the New York City Department of Education or any other city agency may not provide services under this agreement. Any individual who leaves the employ of the New York City Department of Education or any other New York City agency may not provide services under this agreement. These conditions are applicable for a minimum of one year in accordance with the provisions of the New York City Charter (i.e., Section 2604(h), and Chancellor’s Regulation C-110 unless a waiver is obtained.

The signature below indicates approval of this agreement by the parent/guardian and the evaluator. Note that approval by ISC/CSE must be obtained prior to conducting the assessment:

Parent signature : \_\_\_\_\_  
 Date: \_\_\_\_\_

Signature of Independent Evaluator \_\_\_\_\_  
 Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE - FOR NEW YORK CITY DEPARTMENT OF EDUCATION USE ONLY

\_\_\_\_\_  
 Date Received at the ISC/CSE  
 Authorizing Signature

\_\_\_\_\_  
 Approved: ISC/CSE

\_\_\_\_\_  
 Disapproved: ISC/CSE Authorizing Signature

\_\_\_\_\_  
 Reason

Date AA-2 Form Mailed to Independent Evaluator

**Assessment Authorization - 3 Form: Transportation Reimbursement Voucher Public Transportation, Private Car, Metered Taxi Cab**

Name of Student: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Complete the following, attach the necessary receipts and a copy of the provider's bill or a statement from the provider indicating dates of service:

**PUBLIC TRANSPORTATION**

Date	Single Fare Double Fare	Total No. of Fares	\$2.00	Total Cost

**PRIVATE CAR**

Date	Name of Car Owner	License Plate No.	Total No. of Miles Traveled	Total Cost (\$ .28 mile)

**METERED TAXI CAB\* (Attach Receipts)**

Date	Signature of Driver	License Plate No.	Total Cost (Plus tip)

- Maximum of \$50 per round trip.



**Assessment Authorization - 4 Form: Registry of Independent Evaluators**  
(Please contact the Office of Related and Contractual Services for an updated Registry)

## Assessment Authorization - 5 Form: Rate Schedule for Independent Evaluators

The rates below represent the maximum allowable DOE rates for assessments. For students who are Medicaid-eligible, institutional providers should bill Medicaid directly. The rates charged by independent evaluators must be no higher than the lowest rate normally charged to other clients for the same services. Assessments must be conducted in the language specified by the New York City Department of Education.

<u>Type of Assessment</u>	<u>Maximum Rate Per Assessment</u>
•Assistive Technology	<u>\$350</u>
•Audiological Evaluations	<u>\$200</u>
•Medical Evaluations	<u>\$250</u>
•Neurological Evaluations	<u>\$650</u>
•Neuropsychological Evaluations	<u>\$1,000</u>
•Occupational Therapy Evaluations	<u>\$200</u>
•Optometric Evaluations	<u>\$150</u>
•Orientation and Mobility Evaluations	<u>\$490</u>
•Physical Therapy Evaluations	<u>\$200</u>
•Psychiatric Evaluations (monolingual)	<u>\$650</u>
•Psychiatric Evaluations (bilingual)	<u>\$750</u>
•Psychoeducational Evaluations (monolingual)	<u>\$550</u>
•Psychoeducational Evaluations (bilingual)	<u>\$650</u>
•Social History Evaluations (monolingual)	<u>\$250</u>
•Social History Evaluations (bilingual)	<u>\$350</u>
•Speech Evaluations (monolingual)	<u>\$400</u>
•Speech Evaluations (bilingual)	<u>\$550</u>

## Assessment Authorization - 6 Form: Instructions for Independent Evaluators

Dear Independent Evaluator:

You have been approved to provide an assessment to the student named on the enclosed AA-2 Form. An approved copy of the AA-2 Form must be returned with the typewritten assessment report before payment will be made. Payment to independent evaluators will be processed within six (6) weeks of the New York City Department of Education receipt and approval of the assessment report and completed invoice, and will be subject to post-audit to verify that the rate billed is the lowest rate actually charged to other clients served by you. Assessment reports must be submitted to the ISC/CSE within fifteen (15) business days of the AA-2 Form approval to conduct the assessment. In performing the assessment you may only administer those tests approved for use by the New York City Department of Education. Any questions or information regarding tests to be administered should be discussed with the ISC/CSE. Independent evaluators must be available to conduct a classroom observation, attend the IEP conference and participate in the development of the IEP upon request of the ISC/CSE at no additional cost.

If you intend to conduct the assessment at the CSE or at the student's school, you must contact the CSE or school Principal to schedule the assessment. Please identify yourself to the CSE or school Principal with the approved AA-2 Form as authorization to conduct the assessment.

In addition, the following affirmation must be included on each assessment report:

<b>All reports by independent evaluators must contain the following affirmation:</b>		
<b>This is to affirm that I personally conducted the enclosed Assessment in its entirety, prepared the accompanying written report, and am solely responsible for its contents.</b>		
_____	_____	_____
<b>Evaluator's Name</b>	<b>Evaluator's Signature</b>	<b>Language of Assessment</b>
_____	_____	_____
<b>Discipline</b>	<b>NYS License No.</b>	<b>Date</b>
_____	_____	_____

In addition, please find enclosed billing procedures and billing forms (AA-7 and AA-8). If you have any questions or require additional information in this matter, please telephone the ISC/CSE at ( ) \_\_\_\_\_.

Sincerely,  
ISC/CSE Designee

Enclosures

## Assessment Authorization - 7 Form: Billing Procedures for Independent Evaluators

The following billing procedures have been established by the New York City Department of Education for independent evaluators.

1. All billing should be submitted on the enclosed forms provided by the New York City Department of Education, namely the AA-8 Billing Form for Independent Evaluators.
2. Institutional evaluators should bill Medicaid directly for students who are Medicaid-eligible.
3. Independent evaluators are required to attach copies of their approved AA-2 Form and the typewritten assessment report with their invoice.
4. Prior to payment being authorized, the assessment report must be determined to be acceptable by the ISC/CSE Designee. If the report is unacceptable you will receive an AA-9 Form within five (5) days listing the reasons why the report is unacceptable. The report must be revised and returned within five (5) days to the ISC/CSE Designee. If the report is still unacceptable, payment for the assessment may not be authorized. In addition, if the ISC/CSE Designee requests that you conduct a classroom observation, attend the IEP conference and/or participate in the development of the IEP and you refuse to do so, payment for the assessment may be withheld.
5. Payment will be processed within six (6) weeks of receipt of completed invoices. Invoices should be sent to the ISC/CSE Designee at:

Address Information:

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**Assessment Authorization - 8 Form: Billing Form for Independent Evaluators**

Invoice No: \_\_\_\_\_

Name of Evaluator: _____ Social Security No.: _____ - _____ - _____
Name of Agency (if applicable): _____
Employer Tax ID No.: _____

Name of Student: _____
NYC ID #: _____ - _____ - _____
Type of Evaluation: _____ Language of Assessment: _____
School: _____ District: _____ Borough: _____
Date of Assessment: _____

Date Report Received by ISC/CSE Designee: _____
---

Rate for Evaluation: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Independent Evaluator

\_\_\_\_\_  
Date

\*\*The report has been reviewed and is acceptable. \*\*

\_\_\_\_\_  
Signature of ISC/CSE Designee

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date received by ISC/CSE Designee: \_\_\_\_\_

Date submitted to Bureau of Non-Public School Payables: \_\_\_\_\_

**Assessment Authorization - 9 Form: Disapproval of Assessment Report**

TO: \_\_\_\_\_ Date \_\_\_\_\_

FROM: \_\_\_\_\_, ISC/CSE Designee, # \_\_\_\_\_

SUBJECT: Disapproval of \_\_\_\_\_ Assessment Report

Student's Name: \_\_\_\_\_ Student DOB: \_\_\_\_\_

The attached \_\_\_\_\_ assessment report for \_\_\_\_\_  
(type of assessment) (student name)

is unacceptable for the following reason(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

It is my recommendation that:

1. The Independent Provider correct the report to incorporate the above notations, then resubmit the revised report for review within **five (5) business days** of receipt of notification.
2. The Independent Provider re-administer a new Assessment and then resubmit the new report for review within **fifteen (15)** days of receipt of notification.

NOTE: If the report is still unacceptable, payment for the assessment will not authorized.

## Request for Speech Evaluations Only

IEP Team Fax #:

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

PLEASE CIRCLE THE INFORMATION BELOW

PARENT REFERRAL

SCHOOL REFERRAL

### REASON FOR REFERRAL

<u>Language Areas</u>	<u>Speech Areas</u>	<u>Other Concerns</u>
Expressive Delays	Articulation	
Receptive Delays	Stuttering/Fluency	
Auditory Processing	Oral-Motor	
Pragmatic (Social Language)	Voice	

Evaluation Type: Initial Re-evaluation

\*\*\*Initial cases must have consent letter attached to this request\*\*\*

Date of Request: \_\_\_\_\_

Date of Compliance: \_\_\_\_\_

Name of person sending request: \_\_\_\_\_

Signature of person sending request: \_\_\_\_\_

Date: \_\_\_\_\_

## School Psychologist Request for Assistance to the ISC

School Psychologists assigned to public schools should contact the Integrated Service Center (ISC) for assistance with issues affecting the special education referral/evaluation of public school students. School Psychologists should generally contact the Supervisor of School Psychologists at the ISC to whom they directly report. Below is a form for requesting assistance from the ISC and typical issues which you may require ISC assistance in resolving.

Name	School	Telephone #	Date

I am requesting assistance with the following issue(s):

Issue	Check all That Apply	Brief Description
Psychoeducational evaluation (please complete attached specialized evaluation request form)	<input type="checkbox"/>	
Psychiatric Evaluation (please complete attached specialized evaluation request form)	<input type="checkbox"/>	
Speech Evaluation (please complete attached speech request form)	<input type="checkbox"/>	
OT, PT Evaluation (please complete attached specialized evaluation request form)	<input type="checkbox"/>	
Hearing/Vision Testing	<input type="checkbox"/>	
Translation Services	<input type="checkbox"/>	
Assistive Technology Evaluation/Procurement	<input type="checkbox"/>	
IEP Meeting Representation	<input type="checkbox"/>	
Parent Member	<input type="checkbox"/>	

Issue	Check all That Apply	Brief Description
Surrogate Parent	<input type="checkbox"/>	
Legal (Due Process) Support	<input type="checkbox"/>	
Specialized Transportation	<input type="checkbox"/>	
Clerical/Family Paraprofessional Issues	<input type="checkbox"/>	
Computer/Hardware Support	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	

**Request for Specialized Evaluations**

(Including Social History or Psychoeducational Bilingual Evaluations)

Parent & Child are available:

Mon: PM \_\_\_\_\_  
Tue: PM \_\_\_\_\_  
Wed: PM \_\_\_\_\_  
Thu: PM \_\_\_\_\_  
Fri: PM \_\_\_\_\_  
Sat: PM \_\_\_\_\_

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**STUDENT AND PARENT/GUARDIAN INFORMATION**

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Service District: \_\_\_\_\_ NYC/ID#: \_\_\_\_\_ Case#: \_\_\_\_\_  
D.O.B. \_\_\_/\_\_\_/\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Sex (M) \_\_\_\_ (F) \_\_\_\_

Address: \_\_\_\_\_  
Home Borough: \_\_\_\_\_  
Number, Street and Apartment # \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Home Tel. #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Last Name First Name

Parent's Language: \_\_\_\_\_ Student's Language: \_\_\_\_\_  
Bilingual/ESL: NYSESLAT or Lab-R Score: \_\_\_\_\_  
Date: \_\_\_\_\_

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**SCHOOL INFORMATION**

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Current Program: \_\_\_\_\_ Special Alerts: \_\_\_\_\_  
School: \_\_\_\_\_ School Address: \_\_\_\_\_  
IEP Team Contact Person: \_\_\_\_\_  
IEP Team Telephone #: \_\_\_\_\_  
IEP Team Contact Days: \_\_\_\_\_

Type of Assessment:

Monolingual \_\_\_\_\_ Bilingual \_\_\_\_\_ (Specify language)  
OT \_\_\_\_\_ NA \_\_\_\_\_  
PT \_\_\_\_\_ NA \_\_\_\_\_

\*Psychiatric (attach current reports, relevant data) \_\_\_\_\_

Social History \_\_\_\_\_  
Psychoeducational \_\_\_\_\_  
Other: \_\_\_\_\_

# Assistive Technology Referral Form



Page 1 of 7  
**Center for Assistive Technology**  
 49-51 Chambers Street, Room 600  
 New York, NY 10007  
 Tel: 212 374-2156/57/58  
 Fax: 212 374-9435

## IEP Mandated Assistive Technology (A.T.)

- **What is Assistive Technology?**  
*IDEA states that assistive technology is " any item, piece of equipment or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain, or improve functional capabilities of a person with a disability."*

- **How do I determine if the student needs Assistive Technology?**  
 Please refer to table below as a guide

If you are considering assistive technology because...	IEP mandated Assistive Technology is <u>not</u> appropriate	Student may need Assistive Technology IEP team can ' <i>consider</i> ' needs independently or complete referral for further assistance
The student needs to be motivated	–	
The student wants to access the internet or likes computers	–	
The student cannot communicate via typical voice and alternative methods have not been effective		–
The student can not access the curriculum via typical modes comparable to his peers and alternative methods have not been effective		–
The student has reading deficit that is addressed programmatically	–	
Students' handwriting is illegible due to lack of practice and or instruction in penmanship	–	

An IEP team needs to '*consider*' whether or not a child needs assistive technology. In order to consider that need, at least one person on the IEP team should have knowledge of assistive technology. You cannot "consider" something about which you do not know anything about.

- **Someone on the team is knowledgeable of assistive technology, now what do I do?**

If the IEP team determines that the student requires assistive technology and someone on the IEP team is knowledgeable of what is required, then that person can evaluate and provide written documentation. The team can then move forward with the process as directed by their ISC/CSE for adding the assistive technology recommendation to the IEP. A referral to the Center for Assistive Technology is not required.

- **The IEP team is not knowledgeable about assistive technology or is unaware as to what will help the student access the curriculum?**

If the IEP team cannot determine the assistive technology needs of the student and the consideration for assistive technology is not to motivate the student or provide programmatic instruction, then the IEP team should complete the attached referral and forward it to the Center for Assistive Technology at the above address.



### Assistive Technology Evaluation Referral

**Instructions: Please complete this form; attach a copy of the student's most recent I.E.P. and SUBMIT TO THE CENTER FOR ASSISTIVE TECHNOLOGY AT THE ABOVE ADDRESS OR CSE/CPSE OFFICE REPRESENTATIVE FOR PRESCHOOLS AND/OR PRIVATE SCHOOLS.**

**Parental Consent**  Yes  No **Date of Referral** \_\_\_\_\_

**PART I**

Student's Name \_\_\_\_\_  
Last Name First Name

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ OSIS # \_\_\_\_\_ Sex:  Male  Female

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Circle ISC** Bronx CPSE \_\_\_\_\_ CPSE Administrator \_\_\_\_\_  
Brooklyn  
Manhattan CSE \_\_\_\_\_ CSE Contact \_\_\_\_\_  
Queens  
Staten Is. School \_\_\_\_\_ School Contact \_\_\_\_\_  
 Public School  Private School

**District 75**  Yes  No **If yes to either, please contact Karen Gorman @ Tech Solutions to schedule an AT evaluation - 212-802-1530**  
**Student receives vision services?**  Yes  No

Program \_\_\_\_\_ School # \_\_\_\_\_ Grade: \_\_\_\_\_ School Name \_\_\_\_\_  
(Staff ratio)

School Address \_\_\_\_\_  
(Include: Street, Town and Zip Code)

Evaluation Contact Person \_\_\_\_\_ Contact Person's Title \_\_\_\_\_

Contact Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Team Members / Service Providers	Name			
Teacher	_____			
SETSS	_____			
Paraprofessional	_____	Frequency	Duration	Group Size
Speech & Language	_____	_____	_____	_____
Physical Therapy	_____	_____	_____	_____
Occupational Therapy	_____	_____	_____	_____
Vision Services	_____	_____	_____	_____
Hearing Services	_____	_____	_____	_____
Counseling	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

**ACADEMIC INFORMATION**

**Teacher** \_\_\_\_\_  
Teacher's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date Prepared \_\_\_\_\_

**READING**

Student reads at grade level \_\_\_\_\_

**Student has difficulty comprehending the following:** (Check all that apply)

- Words
- Subject area textbooks
- Reading textbooks
- Worksheets
- Tests

**Student's reading performance is improved by:** (Check all that apply)

- Small amount of text on page
- Computer with speech output
- Lower reading level
- Enlarged print
- Bold type for main ideas
- Masking
- Graphics to communicate ideas
- Reduced length of assignments
- Other: \_\_\_\_\_
- Spoken text to accompany print

**WRITING**

Student writes grade appropriate  Yes  No Grade Level \_\_\_\_\_

**Current writing ability:** (Check all that apply)

- Writes with right hand
- Prints letters
- Writing is slow and arduous
- Writes with left hand
- Prints words
- Writing is limited due to fatigue
- Holds regular pencil
- Writes cursive
- Complains of pain during writing
- Holds pencil adapted with: \_\_\_\_\_
- Writes independently and legibly

**Current keyboarding ability:** (Check all that apply)

- Does not currently type
- Types with 10 fingers and correct hand position
- Types with one finger
- Accidentally hits unwanted keys
- Types with several fingers
- Uses one hand
- Uses two hands
- Uses adapted/alternate keyboard (please specify): \_\_\_\_\_

**Computer Use**

**Computer availability in the classroom:**

- None
- Macintosh
- Windows

**Computer Lab**

- None
- MAC
- WIN

**Student uses computer:**

- Rarely
- Frequently
- Daily for one subject / period
- Daily for > two subjects / periods

**Computer available at home**  yes  no

If yes, Home Computer \_\_\_PC or \_\_\_Mac

**MATH**

**Grade level:** Student is placed in grade \_\_\_\_\_ Student's math is at grade level \_\_\_\_\_

**Student's math performance is improved by:** (Check all that apply)

- Small amount of text on page
- Computer with speech output
- Lower skill level
- Enlarged print
- Bold type for section identification
- Masking/Highlighting
- Graph Paper
- Reduced length of assignments
- Uses manipulatives
- Spoken text to accompany print
- Use of calculator
- Other: \_\_\_\_\_

**Please list the student's strengths, learning style, interests, and any other significant factors that should be considered:**

\_\_\_\_\_

\_\_\_\_\_

**Speech and Language**

**Teacher**

Teacher's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date Prepared \_\_\_\_\_

**STUDENTS' SPEECH AND LANGUAGE SKILLS DO NOT REQUIRE ASSISTIVE TECHNOLOGY/AUGMENTATIVE ALTERNATIVE COMMUNICATION (AAC) AT THIS TIME.**

**COMMUNICATION – If requesting an AAC evaluation please complete below**

**Student's present means of communication:**

(Check all that are used, **circle** primary method the student uses)

Intelligible speech  Familiar listener  Unfamiliar listener  Facial expressions  Eye-gaze / eye movement

Gestures  Pointing  Reliable Yes/No  Writing

Sign language (few combinations)  Sign language (many combinations)

Vocalizations, list examples: \_\_\_\_\_

Semi intelligible speech, estimate % of intelligible: \_\_\_\_\_

Single words, list examples and approx. #: \_\_\_\_\_

Communication board:  PECS  tangibles  pictures  combo picture/symbols  words

Maximum number of symbols per field: \_\_\_\_\_. If so, how many symbols do they recognize? \_\_\_\_\_

Voice output communication device (name of device): \_\_\_\_\_

Other: \_\_\_\_\_

**Attention Span:**  Severely Limited  Benefits from redirection  Within normal limits

**Desires to communicate:**  Always  Occasionally  Never

**Current level of receptive language:** Age Approximation \_\_\_\_\_

**Current level of expressive language:** Age Approximation \_\_\_\_\_

**Skills related to communication:**

- |  |                                 |                                    |                                |
|--|---------------------------------|------------------------------------|--------------------------------|
| Object / picture recognition                             | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Symbol recognition (tactile, Mayer-Johnson, Rebus, etc.) | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Follows simple directions                                | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Selects initial letter or word                           | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Sight word recognition                                   | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Can put two symbols / words together to express an idea  | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |

**Is a specific type of symbol or picture preferred?** \_\_\_\_\_

**Does the student appear to do better with black-on-white, white-on-black, or specific color combinations for figure/ground discrimination?** \_\_\_\_\_

**The student initiates communication in which settings (Check all that apply)**

In academic settings \_\_\_\_\_ In the lunchroom \_\_\_\_\_ On the school bus \_\_\_\_\_  
At play \_\_\_\_\_ At home \_\_\_\_\_ Other (please describe) \_\_\_\_\_

**Has the student used an augmentative communication device in the past?**  Yes  No **If yes, which one?**

\_\_\_\_\_

**Interest level in AAC devices**  Minimal  Moderate  Significant

Please list the student's communication strengths, challenges, and any other significant factors that should be considered to determine AAC needs:

\_\_\_\_\_  
\_\_\_\_\_

Is there any specific device(s) would you like us to consider? Why?

\_\_\_\_\_  
\_\_\_\_\_

What do you hope this student will accomplish if provided with an AAC device?

\_\_\_\_\_  
\_\_\_\_\_

**Physical**

**Therapist**

\_\_\_\_\_  
Therapist's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Prepared

STUDENT DOES NOT REQUIRE ASSISTIVE TECHNOLOGY TO ACCESS THE CURRICULUM AT THIS TIME.

**Desk Accessibility:**

- Uses regular student desk
- Has difficulty using table or desk
- Uses adapted table
- Lap Tray
- Uses wheelchair for desktop

**Seating /Positioning:**

- Sits in regular chair with feet on the floor
- Sits in adapted chair
- Sits in regular chair with support under his/her feet
- Sits in wheelchair

**Motor abilities:**

Student has voluntary, isolated, controlled movements using: (check all that apply)

- Left hand
- Right hand
- Eyes
- Left arm
- Right arm
- Head
- Left leg
- Right leg
- Mouth
- Left foot
- Right foot
- Tongue
- Fingers
- Eye brows
- Other: \_\_\_\_\_

**Mobility:** (Check all that apply)

- Walks independently
- Difficulty walking up stairs
- Uses manual wheelchair
- Walks with assistance
- Difficulty walking down stairs
- Uses power wheelchair
- Has difficulty walking
- Needs extra time to reach destination
- Uses wheelchair for long distances only

**Range of Motion:**

Student has specific limitation to range:  Yes  No

If yes, describe the specific range in which the student has the most motor control:

\_\_\_\_\_  
\_\_\_\_\_

**Reflexes and Muscle Tone:**

Student presents abnormal reflexes and/or abnormal muscle tone:  Yes  No

If yes, describe any abnormal reflex patterns or patterns of low or high muscle tone that might interfere with the students' voluntary motor control.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reliable Muscle Groups:**

Describe muscle groups the student can use consistently accurately:

---



---

**Please list the student's strengths, challenges, and any other significant factors that should be considered to determine assistive technology needs:**

---



---

**Occupational**

**Therapist**

\_\_\_\_\_  
Therapist's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Prepared

**Writing ability:** Check all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Writes with right hand      | <input type="checkbox"/> Prints letters                         |
| <input type="checkbox"/> Writes with left hand       | <input type="checkbox"/> Prints words                           |
| <input type="checkbox"/> Holds regular pencil        | <input type="checkbox"/> Writes cursive                         |
| <input type="checkbox"/> Holds pencil adapted with:  | <input type="checkbox"/> Writes independently and legibly _____ |
| <input type="checkbox"/> Writing is slow and arduous | <input type="checkbox"/> Writing is limited due to fatigue      |

**Keyboarding ability:** Check all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Does not currently type         | <input type="checkbox"/> Types with 10 fingers and correct hand position         |
| <input type="checkbox"/> Types with one finger           | <input type="checkbox"/> Uses one hand   |
| <input type="checkbox"/> Types with several fingers      | <input type="checkbox"/> Uses two hands  |
| <input type="checkbox"/> Accidentally hits unwanted keys | <input type="checkbox"/> Uses adapted/alternate keyboard (Please specify): _____ |

**Previous Strategies Implemented:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Slant Board  | <input type="checkbox"/> Books on Tape/CD          | <input type="checkbox"/> Spell Check                      |
| <input type="checkbox"/> Adapted Paper  | <input type="checkbox"/> Organizational Techniques | <input type="checkbox"/> Dictionary                       |
| <input type="checkbox"/> Pencil Grip  | <input type="checkbox"/> Graphic Organizer         | <input type="checkbox"/> Accessibility option on computer |
| <input type="checkbox"/> Past experiences with handwriting training/Instruction. If yes, Please specify _____ |  |   |

**Adaptive Equipment Experience:**

- Trackball     Head pointer     Switch     Touch screen     Joystick     Other \_\_\_\_\_

**Attention:**

- Impulsive     Follows directions (1Step / Multistep)

**Perceptual/Visual/ Motor:**

- Recommendation for developmental optometric evaluation  Yes     No  
 Student has perceptual motor difficulty?  Yes     No     Able to copy near     Able to copy far

**Describe the student's perceptual motor skills.**

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**Sensory Issues:**

- Hypersensitivity to touch     Hyposensitivity to touch     Others, please specify \_\_\_\_\_

**Please list the student's strengths, challenges, and any other significant factors that should be considered to determine assistive technology needs:**

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**What other accommodation has the Occupational Therapist has tried?**

Please attach a writing sample

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**Expectations of Assistive Technology**

How do you think assistive technology is expected to help this student?

- |   |  |
|---|--|
| <input type="checkbox"/> Access to academics  | <input type="checkbox"/> Assist with spelling                      |
| <input type="checkbox"/> Provide an efficient means of note taking                      | <input type="checkbox"/> Assist with organization of school work   |
| <input type="checkbox"/> Improve quality of written work                                | <input type="checkbox"/> Increase reading comprehension            |
| <input type="checkbox"/> Augment communication  | <input type="checkbox"/> Provide alternative mode of communication |
| <input type="checkbox"/> Enable student to take tests and demonstrate what he/she knows |  |
| <input type="checkbox"/> Other _____  |  |

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**Additional comments or questions**

Use this area to communicate additional comments or questions to the Evaluation Specialists who will be assigned to this evaluation process.

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**Parent Expectations for Assistive Technology**

**IF THIS IS A PARENT REQUEST, STATE BELOW, PARENTS' CONCERNS AND HOW PARENT BELIEVES ASSISTIVE TECHNOLOGY WILL HELP THEIR CHILD?**

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**Home Instruction Referral Form**

This application **MUST** include a Doctor’s note indicating the medical condition and an estimated duration of Home Instruction placement.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

**COMPLETE THIS SECTION FOR HIGH SCHOOL STUDENTS ONLY.**

Grade Advisor: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

Course titles on current program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate RCT/REGENTS to be taken (note Jan. or Jun.)

School \_\_\_\_\_

Grade \_\_\_\_\_

Name, room number and telephone or school official to be contacted by Home instruction teacher.

Name: \_\_\_\_\_ Room \_\_\_\_\_. Tel: (\_\_\_\_) \_\_\_\_\_

Application completed by: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Special Alerts or additional information:

\_\_\_\_\_  
\_\_\_\_\_

Send Psychiatrist’s documentation for emotional/behavioral/psychological conditions to the Home Instruction Guidance Office: 3450 E. Tremont Ave, Bronx, NY10465. Send to Borough Office of Home Instruction for medical/physical conditions. Please fill in all requested information, as the accurate completion of this application will expedite placement.

**Request for Medical Accommodations to be Completed By Treating Physician**



Physician Instructions: Please complete this form and return it to your patient's parent or fax to patient's school at \_\_\_\_\_.  
If you have questions, please contact \_\_\_\_\_.

\_\_\_\_\_ is under my care for \_\_\_\_\_.  
(Student's Name) (Diagnosis)

What limitations does this diagnosis cause? (e.g. severely limits ambulation)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does this limitation affect the student's ability to attend and participate in class?  
(e.g. requires constant medical attention)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does this limitation affect the student's ability to take transportation?  
(e.g. increases risk for fractures)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected duration of the limitation \_\_\_\_\_ weeks

Please provide any recommendations to accommodate the student's needs in the classroom and/or during school transportation (please attach additional sheets as needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request transportation accommodations to be provided for \_\_\_\_\_ weeks

I can be reached at: Tel# \_\_\_\_\_ and/or Beeper \_\_\_\_\_ on:  
Mon \_\_\_\_\_ (hrs) Tue \_\_\_\_\_ (hrs) Wed \_\_\_\_\_ (hrs) Thu \_\_\_\_\_ (hrs) Fri \_\_\_\_\_ (hrs)

Provider's Original Signature \_\_\_\_\_ License # \_\_\_\_\_

Print Name / Degree \_\_\_\_\_ Date \_\_\_\_\_

## Parent Consent for Release of Medical Information

Please complete the attached Authorization for Release of Health Information Pursuant to HIPAA. This form is necessary in the event additional information is required from your physician to approve the request for medical accommodations.

FOR SCHOOL USE ONLY

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ ID # \_\_\_\_\_

**OSH Physician Review: Medical Requests for Transportation Accommodation page**

Date Received by OSH Physician: \_\_\_\_\_  
Date Completed by OSH Physician: \_\_\_\_\_  
Date Mailed or Faxed to School: \_\_\_\_\_

**OSH PHYSICIAN REVIEW: MEDICAL REQUESTS FOR TRANSPORTATION ACCOMMODATIONS**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ ID# \_\_\_\_\_  
Address \_\_\_\_\_ School \_\_\_\_\_

**Please comment on student's treating physician recommendation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For tracking purposes:*

**I discussed the student's condition with the student's physician**  YES  NO  
**I discussed the student's condition with a member of the student's IEP team**  YES  NO

**I recommend:**

- A **limited time travel bus run** to be provided for the student for \_\_\_\_\_ minutes for \_\_\_\_\_ weeks
- A **nurse** to accompany the student during transportation for \_\_\_\_\_ weeks
- A **paraprofessional** to accompany the student during transportation for \_\_\_\_\_ weeks

**Please provide any additional recommendations for the student's school transportation:**  
(attach additional sheets as needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OSH Reviewing physician's signature \_\_\_\_\_

Print Name/ Degree \_\_\_\_\_

Date \_\_\_\_\_

## Related Service Authorization Q&A

### Questions and Answers

#### **What is a Related Service Authorization (RSA)?**

Your child has been recommended for the Related Service listed on the enclosed form. Receiving this form means that the New York City Department of Education (the Department) does not currently have staff available to provide this service at this time. The RSA allows you to obtain this service from an independent provider of your choice at no cost to you.

#### **How can I locate an independent provider?**

To help you locate a provider, we have enclosed a Municipality List of Independent Providers of Related Services for School-Age Students or you may refer to the Department's Web site at:

<http://schools.nyc.gov/Academics/SpecialEducation/ParentResources/default.htm>

You may use any provider on this List or you may locate your own provider. Please remember that the provider must possess the following credentials:

- The provider must be permanently licensed or certified by the New York State Education Department and possess current registration to provide the Related Service recommended.
- The provider must meet established bilingual proficiency requirements, where applicable.

#### **What credentials are necessary to become an independent provider in various discipline areas?**

- Counseling Services must be provided by a New York State licensed Psychologist, Clinical Social Worker, or Mental Health Counselor. Bilingual Counseling can only be provided by an individual meeting the aforementioned requirements who also possesses the appropriate bilingual proficiency requirements.
- Occupational Therapy must be provided by a New York State licensed Occupational Therapist.
- Physical Therapy must be provided by a New York State licensed Physical Therapist.
- Speech Therapy Services must be provided by a New York State licensed Speech/Language Pathologist, who is also a Certified Teacher of Speech and Language Disabilities or Teacher of the Speech and Hearing Handicapped. Bilingual Speech Therapy can only be provided by an individual meeting the aforementioned requirements who also possesses the appropriate bilingual proficiency requirements.
- Vision Education Services must only be provided by a New York State certified Teacher of the Blind and Partially Sighted or Teacher of the Blind and Visually Impaired or Orientation/Mobility Specialist. Bilingual Vision Education Services can only be provided by an individual meeting the aforementioned requirements who also possesses the appropriate bilingual proficiency requirements.

- Hearing Education Services must only be provided by a New York State certified Teacher of the Deaf and Hearing Impaired, a Teacher of the Deaf and Hard of Hearing, or an appropriately trained, licensed or certified Sign Language Interpreter. Bilingual Hearing Education Services can only be provided by an individual meeting the aforementioned requirements who also possesses the appropriate bilingual proficiency requirements.
- Health Services by a Registered Nurse must only be provided by a New York State licensed or certified Registered Nurse with current certification in Cardio-Pulmonary Resuscitation as well as Automated External Defibrillation (CPR/AED). Health Services by a Health Aide must be provided by an appropriately trained, licensed or certified Health Aide.

**Please Note:** Any individual who is a current employee of the Department (unless they have been approved to be placed on the Municipality List of NYCDOE Therapists) or any other city agency may not provide services under this agreement except in rare instances when a waiver has been granted by the New York City Conflicts of Interest Board based on a request from the Department. Agencies may not employ Department employees, including on the Municipality List of NYCDOE Therapists, as a provider. Any individual who leaves the employ of the Department may not provide services under this agreement (either as an individual provider or as an individual provider or as an employee/contractor with an agency) for one full year after leaving the Department. If the individual has done “F” status work, the individual is considered to have been an employee of the Department and must wait a full year after completing the “F” status work before providing service under this agreement. These restrictions are contained in Chapter 68 of the New York City Charter. In addition, the provider must not be the evaluator who completed the assessment unless permission has been granted by the Department.

#### **What are the responsibilities of an independent provider?**

An independent provider must agree to the following:

- Serve the student at the frequency, duration and in the language specified for the current school year as per the IEP. The group size cannot exceed the group size indicated on each student’s IEP.
- Indicate start date of service initiation by calling into the Department’s Integrated Voice Response System (IVR) with the name of the individual providing service and the PIN number given for that student on the approval letter.
- Maintain weekly progress notes, submit a Student Progress Report upon request, attend IEP conferences and complete the appropriate pages of the IEP at no cost to the Department.
- Provide services in accordance with Department’s school calendar.
- Provide make-up sessions only during the same week. Make-up sessions may not be conducted on the same day as regular sessions.
- Accept no more than the maximum rate allowed as payment in full for these services. The rate charged must be no higher than the lowest rate you normally charge. This rate is for direct service only and is the rate regardless of the size of the group being served except in the area of speech which is dependent on the number of students that are served in one session as indicated on the rate schedule. The group size cannot exceed the group size specified on each student’s IEP. Providers will make no requests to the parent/guardian for payments for services provided.
- Submit invoices directly to the New York City Department of Education in the format required with no out-of-pocket expenses accruing to the parent/guardian.

- Carry his/her own professional malpractice/liability insurance.
- Maintain daily attendance records in the official New York City Department of Education attendance booklets and participate in the collection of data/information requested by the New York State Department of Social Services or other agencies at no additional cost to the Department.
- Providers are prohibited from giving gifts to Department staff.

**What are the maximum rates allowed by the New York City Department of Education for independent non-Department of Education providers?**

Type of Related Service	Language	Group Size	Maximum Rate	Session Length
Counseling: Licensed Psychologist	Monolingual/ Bilingual	Individual/ Group	\$ 45	30 minutes
Counseling: Mental Health Counselor	Monolingual/ Bilingual	Individual/ Group	\$ 45	30 minutes
Counseling: Licensed Clinical Social Worker	Monolingual/ Bilingual	Individual/ Group	\$ 40	30 minutes
Health: Registered Nurse	Monolingual	Individual/ Group	\$ 45	30 minutes
Health: Health Aide	Monolingual	Individual/ Group	\$ 20	60 minutes
Hearing Education Services	Monolingual/ Bilingual	Individual/ Group	\$ 45	30 minutes
Sign Language Interpreter	Monolingual/ Bilingual	Individual/ Group	\$ 30	30 minutes
Occupational Therapy	Monolingual	Individual/ Group	\$ 45	30 minutes
Physical Therapy	Monolingual	Individual/ Group	\$ 45	30 minutes
Speech Therapy	Monolingual	Individual	\$ 45	30 minutes
Speech Therapy	Monolingual	Group of 2	\$ 56.25	30 minutes
Speech Therapy	Monolingual	Group of 3	\$ 67.50	30 minutes
Speech Therapy	Monolingual	Group of 4	\$ 78.75	30 minutes
Speech Therapy	Monolingual	Group of 5 or more	\$ 90	30 minutes
Speech Therapy	Bilingual	Individual	\$ 54	30 minutes
Speech Therapy	Bilingual	Group of 2	\$ 67.50	30 minutes
Speech Therapy	Bilingual	Group of 3	\$ 81	30 minutes
Speech Therapy	Bilingual	Group of 4	\$ 94.50	30 minutes
Speech Therapy	Bilingual	Group of 5 or more	\$108	30 minutes
Vision Education Services	Monolingual/ Bilingual	Individual/ Group	\$ 45	30 minutes
Orientation/Mobility Specialist	Monolingual/ Bilingual	Individual/ Group	\$ 45	30 minutes

The rate charged by independent providers must be no higher than the lowest rate normally charged by them, and should be pro-rated, as necessary.

The provider may not charge more than the maximum rate allowed as payment in full for these services. The provider will make no requests of the parent/guardian for payments for services provided.

### **What am I required to do once I have selected a provider?**

Both you and the selected independent provider must complete the [RSA-2 Form](#), then sign the form and attach a copy of the provider's license and/or certificate. If the individual provider is working for an agency, the provider must include the agency information in the fields labeled: Name of Agency (if appropriate), Employee Tax ID No. (if agency) and Agency Address. If the individual provider is not working for an agency but has his or her own tax ID number, the provider must also complete these fields. You should also keep a copy of the independent provider's license and/or certificate. Please be advised that only the independent provider listed on the [RSA-2 Form](#) may provide service to your child. If your child is being seen at the provider's place of business you must ensure that only the independent provider you have authorized is serving your child. The completed [RSA-2 Form](#) must be submitted to the office indicated on the RSA-2 Form.

### **After I have submitted the RSA-2 Form, when can the provider begin?**

Once the RSA-2 form is received, all information will be reviewed. If the form is complete and the provider has received security clearance and submitted the appropriate licensure and registration and/or certification, your provider will receive an approval letter with an identifying PIN number for this service. Should we fail to notify you of this approval, the provider is authorized to initiate service and is assured of payment by the Department if the individual has the appropriate licensure and/or certification and no conflict of interest is found to exist. Only the independent provider listed on the [RSA-2 Form](#) is authorized to provide services. If there is a change in independent provider, a new [RSA-2 Form](#) must be submitted. The independent provider you have selected must present himself/herself for fingerprinting, with the cost to be incurred by the provider, to the Office of Related and Contractual Services, at 49-51 Chambers Street, Room 600, New York, NY 10007. Independent providers will not be authorized to initiate services until such time as security clearance is received.

### **Where can the Related Service be provided?**

Related Services may be provided at your child's school, at your home or at the provider's place of business.

### **Can I be reimbursed for my transportation costs if I take my child to the provider's place of business?**

Yes, as follows:

1. [Public Transportation](#): \$2.00 per fare on bus and/or subway.
2. [Private Car](#): Prevailing allowable mileage rate set by the IRS currently at \$.28 per mile.
3. [Metered Taxicab](#): Metered taxi cab rate and reasonable tip.\*
4. [Private Car Service](#): Parents and/or private car services will be reimbursed for car service taken to and from the student's mandated Related Services only using the private car service rate and reasonable tip.\* Please note that if a private car service is used, a parent or adult must accompany the student in order to be eligible for reimbursement.

\* Maximum of \$50 per round-trip.

All requests for transportation reimbursement must be made on the enclosed [RSA-3 or RSA-3A Form Transportation Reimbursement Voucher](#). The independent provider must provide you with a copy of the approved [RSA-2](#) form and bill for services or a statement indicating

the dates of service, which must be attached to the RSA-3 or RSA-3A Form along with the required receipts from the transportation provider. In all cases, no payment will be processed without the approved original authorizing signatures on all the required forms. You must sign the RSA-3 or RSA-3A Forms indicating the actual dates your child was transported. Under no circumstances should you sign blank RSA-3 or RSA-3A Forms or sign for transportation services not yet provided.

**How will the provider be paid?**

When the provider receives written authorization to provide this service, he/she will receive a PIN number and guidelines for payment. No out-of-pocket expenses are to be paid by you. The provider may not charge more than the maximum rate allowed as payment in full for these services. The provider will make no requests to the parent/guardian for payments for services provided. If the service is provided at your home or the provider's office you must sign the provider's invoice indicating the actual dates your child received the services. You must not sign blank invoices or sign for sessions not yet provided.

**Is the provider required to write IEPs or Student Progress Reports?**

The provider will be required to maintain daily attendance records on the form designated by the Department for this purpose, weekly progress notes for the service provided, and to complete a Related Service Student Progress Report when requested by school staff or the Committee on Special Education Office. In addition, upon request for an Annual Review and/or if there is a Requested Review, the provider must be available to attend the IEP conference and to complete the appropriate pages of the IEP at no additional cost. Progress reports must be submitted annually.

**What if the Related Service becomes available by New York City Department of Education staff?**

Should this service become available by New York City Department of Education staff before your child begins receiving it from an independent provider, the Department will provide the service. If, however, your child begins receiving this service from an independent provider, you will have the option of continuing this service with the independent provider through the end of the school year.

**Who can I call for assistance?**

If assistance is needed to understand these forms or to locate an independent provider, please contact the parent coordinator in your school. If you do not attend a public school please contact the CSE that issued the related service authorization letter.

## RSA-2 Independent Provider Approval Letter

Dear Independent Provider,

The New York City Department of Education has approved your request to provide the service of \_\_\_\_\_, for Pin Number \_\_\_\_\_.  
Your approved start date for this service is \_\_\_\_\_ assigned to:

### Student Information

Name of Student: \_\_\_\_\_ Student ID No.:

School: \_\_\_\_\_

ISC/CSE/D75: \_\_\_\_\_ District: \_\_\_\_\_

Student's Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Recommended: \_\_\_\_\_ Language: \_\_\_\_\_

No. of Sessions per Week: \_\_\_\_\_ Length of Session: \_\_\_\_\_

Group Size: \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Work Telephone No.: \_\_\_\_\_

### Provider Information

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

New York City License/Certificate #: \_\_\_\_\_

Residing at: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

### Name of Agency (If Appropriate):

Agency Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Employer Tax ID No. (if agency): \_\_\_\_\_

### Location of Services (please check)

Provider's place of business     School     Student's home

### If you have any questions regarding this letter, please contact:

ISC/CSE/D75: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Or call: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

### Please Note:

Only the provider indicated on this form may provide services to this student.

Agencies under contract to the New York City Department of Education for the period of 2007-10 serving as an independent provider for the provision of a specific Related Service

shall be paid for those assignments at the highest rate the contractor was awarded in that specific service area.

No services can be provided on Federal holidays. The deadline for submission of invoices for work done in the prior fiscal year is September 30<sup>th</sup>. Any services performed in the current fiscal year must be invoiced no later than September 30<sup>th</sup> of the following fiscal year.

\_\_\_\_\_  
Date RSA-2 Approved

\_\_\_\_\_  
Authorizing Signature

Name of Individual Authorized to Approve Services  
\_\_\_\_\_

# RSA-2 Form: Student, Parent/Guardian and Independent Provider Authorization

## RSA-2 Form: Student, Parent/Guardian and Independent Provider Authorization

Please complete the information requested. Attach a copy of the independent provider's New York State Education Department registration/certificate/license. In addition, Independent Providers of bilingual Related Services must attach one of the following: (a) the passing results of the New York State Education Department Bilingual Education Assessment or other valid language proficiency assessment; or (b) an appropriate New York State Education Department Bilingual Education Extension Certificate. All Independent Providers are subject to security clearance and must have been fingerprinted by the New York City Department of Education after July 1, 1990 and maintain security clearance with the cost to be incurred by the provider.

**Please Note: Agencies under contract to the New York City Department of Education for the period 2007-2010 serving as an Independent Provider for the provision of a specific Related Service shall be paid for those assignments at the highest rate the contractor was awarded in that specific service area.**

ISC/CSE/D75 Issuing RSA: _____
Address: _____
City, State and Zip _____
Contact Person: _____ Telephone Number _____

Name of Student: _____ Student ID No.: _____ - _____ - _____
Student's Address: _____
City, State and Zip: _____
School: _____ Borough: _____ District: _____

Related Service Recommended: _____ Language: _____
No. of Sessions Per Week: _____ Length of Session: _____ Maximum Group Size: _____
Name of Parent/Guardian: _____
Work Telephone No.: _____ Home Telephone No.: _____

Services to be provided at:  Student's School  Student's Home  Provider's Place of Business  
(Please check one)

I have obtained the following information from the independent provider:

Name of Independent Provider: _____ (Please print the name of the actual therapist providing the service)
Social Security No.: _____
Professional Title/Discipline: _____ NYS License/Certificate No.: _____
Provider's Address: _____
City, State and Zip: _____
Telephone No.: (____) _____
Name of Agency (if appropriate): _____ Employer Tax ID No. (if agency): _____
Agency Address: _____
Rate (cannot exceed maximum allowed): _____ Payment/correspondence to be mailed to: <input type="checkbox"/> Provider <input type="checkbox"/> Agency

Signatures below indicate approval of the terms of this agreement by the parent and provider and grants parental permission to the Department of Education (the Department) to release the child's records to the provider. Only the provider indicated on this form may provide services to the student. If there is a change in provider a new Authorization Form must be submitted. Services may not start prior to the issuance of an approval letter by the Department.

**Please Note:** Any individual who is a current employee of the Department (unless they have been approved to be on the Municipality List of NYCDOE Therapists) or any other city agency may not provide services under this agreement except in rare instances when a waiver is granted by the New York City Conflicts of Interest Board based on a request from the Department. Agencies may not employ Department employees, including those on the Municipality List of NYCDOE Therapists, as a provider. Any individual who leaves the employ of the Department may not provide services under this agreement (either as an individual provider or as an employee/contractor with an agency) for one full year after leaving the Department. If the individual has done "F" status work, the individual is considered to have been an employee of the Department and must wait a full year after completing the "F" status work before providing services under this agreement. These restrictions are contained in Chapter 68 of the New York City Charter. In addition, the provider must not be the evaluator who completed the assessment unless permission has been granted by the Department.

**By providing the Related Service to the student named above, the provider agrees to:**

- Serve the student at the frequency, duration, group size (not to exceed the group size on each student's IEP) and in the language specified for the current school year as per the IEP.
- Indicate initiation/termination dates with the name of individual providing service.
- Maintain weekly progress notes, submit a Student Progress Report upon request, attend IEP conferences, and complete the appropriate pages of the IEP at no cost to the Department.
- Provide services in accordance with the Department's school calendar.
- Provide make-up sessions only during the same week. Make-up sessions may not be conducted on the same day as a regular session.
- Accept no more than the maximum rate allowed as payment in full for these services. The rate charged must be no higher than the lowest rate you normally charge. This rate is for direct service only and is the rate regardless of the size of the group being served except in the area of speech therapy which is dependent on the number of students that are served in one session as indicated on the rate schedule. Providers will make no requests to the parent/guardian for payments for services provided.
- Submit invoices directly to the Department in the format required with no out-of-pocket expenses accruing to the parent/guardian.
- Maintain daily attendance records on the official New York City Department of Education attendance booklets and participate in the collection of data/information requested by the Department at no additional cost to the Department.
- Carry his/her own professional malpractice/liability insurance.
- Providers are prohibited from giving gifts to Department staff.

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - FOR NEW YORK CITY DEPARTMENT OF EDUCATION USE ONLY**

Date RSA-2 Form Received \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

Date Mailed to Independent Provider \_\_\_\_\_

## Related Service Authorization-3 Form: Transportation Reimbursement Voucher Public Transportation, Private Car, Metered Taxi Cab

Name of Student: \_\_\_\_\_ Name of Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Complete the following, attach the necessary receipts and a copy of the provider's bill or a statement from the provider indicating dates of service:

### PUBLIC TRANSPORTATION

Date	Single Fare Double Fare	Total No. of Fares X	\$2.00	Total Cost

### PRIVATE CAR

Date	Name of Car Owner	License Plate No.	Total No. of Miles Traveled	Total Cost (\$.28 mile)

### METERED TAXI CAB\* (Attach Receipts)

Date	Signature of Driver	License Plate No.	Total Cost (Plus tip)

- Maximum of \$50 per round trip.

This is to affirm that I accompanied my child to and from the Related Service provider named above and that I further affirm that I incurred the above expenses in transporting my child to the provider, for which I am requesting reimbursement. I agree not to hold the New York City Department of Education liable for any damages or injuries incurred in connection with my choice of transportation.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please submit to: \_\_\_\_\_  
\_\_\_\_\_

Properly completed vouchers will be processed within six weeks from the date this receipt is received by the district.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date

**IT IS A CRIME TO KNOWINGLY MAKE FALSE ENTRIES ON THIS FORM**

**RSA - 3a Form:  
Transportation Reimbursement Voucher Private Car Services**

Name of Student: \_\_\_\_\_ Name of Provider: \_\_\_\_\_

Student Address: \_\_\_\_\_

Address: \_\_\_\_\_

Complete the following, attach the necessary receipts and a copy of the provider's bill or a statement from the provider indicating dates of service.

PRIVATE CAR SERVICE\*  
(Attach Receipts)

(Attach copy of Driver's Valid For-Hire Operator's License)

Date	Signature of Driver	License Plate No.	Total Cost

\* Maximum of \$50 per round trip.

This is to affirm that I accompanied my child to and from the Related Service provider named above and that I further affirm that I incurred the above expenses in transporting my child to the provider, for which I am requesting reimbursement. I agree not to hold the New York City Department of Education liable for any damages or injuries incurred in connection with my choice of transportation.

I incurred expenses.

Payment should go directly to the car service.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please submit to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Properly completed vouchers will be processed within six weeks from the date this receipt is received by the above office.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date

**IT IS A CRIME TO KNOWINGLY MAKE FALSE ENTRIES ON THIS FORM**

**Related Service Authorization - 4 Form:  
Rate Schedule for Independent Providers of Related Services**

The rate schedule below represents the maximum allowable rate for Related Services. The rates charged by independent providers must be no higher than the lowest rate normally charged by you. Rates should be pro-rated as necessary. Services provided must comply with the frequency, duration, and language specified by the New York City Department of Education. This rate schedule does not apply to agencies under contract to the DOE providing services as an independent provider.

Speech providers should be aware that group speech therapy is recommended to address the specific IEP needs of students. Group therapy fosters the student's ability to develop the speech and language skills (e.g. pragmatics, expressive language, auditory processing, etc.) that are necessary to access the school curriculum. To meet these needs, every possible effort should be made by the provider to see students in the group sizes recommended on their IEPs. The maximum rates of payment per session will increase depending on the group size. The group size may not exceed the group size specified on each student's IEP.

<u>Type of Related Service</u>	<u>Language</u>	<u>Group Size</u>	<u>Maximum Rate</u>	<u>Session Length</u>
Counseling: Licensed Psychologist	Monolingual/ Bilingual	Individual/ Group	\$ 45	30 minutes
Counseling: Mental Health Counselor	Monolingual/ Bilingual	Individual/ Group	\$ 45	30 minutes
Counseling: Licensed Clinical Social Worker	Monolingual/ Bilingual	Individual/ Group	\$ 40	30 minutes
Health: Registered Nurse	Monolingual	Individual/ Group	\$ 45	30 minutes
Health: Health Aide	Monolingual	Individual/ Group	\$ 20	60 minutes
Hearing Education Services	Monolingual/ Bilingual	Individual/ Group	\$ 45	30 minutes
Sign Language Interpreter	Monolingual/ Bilingual	Individual/ Group	\$ 30	30 minutes
Occupational Therapy	Monolingual	Individual/ Group	\$ 45	30 minutes

Physical Therapy	Monolingual	Individual/ Group	\$ 45	30 minutes
Speech Therapy	Monolingual	Individual	\$ 45	30 minutes
Speech Therapy	Monolingual	Group of 2	\$ 56.25	30 minutes
Speech Therapy	Monolingual	Group of 3	\$ 67.50	30 minutes
Speech Therapy	Monolingual	Group of 4	\$ 78.75	30 minutes
Speech Therapy	Monolingual	Group of 5 or more	\$ 90	30 minutes
Speech Therapy	Bilingual	Individual	\$ 54	30 minutes
Speech Therapy	Bilingual	Group of 2	\$ 67.50	30 minutes
Speech Therapy	Bilingual	Group of 3	\$ 81	30 minutes
Speech Therapy	Bilingual	Group of 4	\$ 94.50	30 minutes
Speech Therapy	Bilingual	Group of 5 or more	\$108	30 minutes
Vision Education Services	Monolingual/ Bilingual	Individual/ Group	\$ 45	30 minutes
Orientation/Mobility Specialist	Monolingual/ Bilingual	Individual/ Group	\$ 45	30 minutes

## LTA Notice to Parent

### Date

Dear Parent;

Your child, \_\_\_\_\_, has missed his recommended special education related service(s) of \_\_\_\_\_ for a number of weeks. The related service providers and other school personnel have made outreach efforts to encourage his/her attendance.

Please be advised that your child is in danger of being listed on the Related Service Long Term Absence Register if he fails to attend his scheduled related services in the next two weeks. If your child is placed on this list, other students still awaiting these services will be assigned to his/her designated providers.

Please make every effort to ensure your child's attendance at his scheduled related service sessions. Questions may be addressed to the (principal or designee) at (telephone number).

c: Student File

Mandated Service: \_\_\_\_\_

Provider: \_\_\_\_\_

## LTA Placement Notice to Parent

Date \_\_\_\_\_

Dear Parent:

Your child, \_\_\_\_\_, has missed six weeks of his/her scheduled special education related service(s). Related Service providers and other school personnel have made multiple outreach attempts to encourage his /her attendance.

As of the above date, he/she is placed on the Related Service Long Term Absence list and other students still awaiting their recommended services will be assigned to his/her providers.

Despite being put on the list, your child can resume receiving his/her recommended services upon the availability of a provider if he/she commits to attend the sessions as scheduled. If you disagree with your child's placement on the Related Service LTA list, you and your child may request a meeting with school staff by contacting \_\_\_\_\_ at \_\_\_\_\_.

If you feel that your child no longer needs these related services, please contact the school so that an IEP meeting may be scheduled to consider officially terminating the service. Questions regarding this issue may be addressed to principal or designee) at (telephone number). Thank you.

c: Student File

Mandated Service: \_\_\_\_\_

Provider: \_\_\_\_\_

# Impartial Hearing Request Form

**PLEASE COMPLETE ENTIRE FORM – PRINT LEGIBLY**

I request an impartial hearing be scheduled. I do not wish to participate in mediation at this time.

\*Student's Name \_\_\_\_\_ NYC Student I.D. (OSIS) \_\_\_\_\_  
\*Student Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip code \_\_\_\_\_  
Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check one box: Student attends Public School  Private School  District# \_\_\_\_\_  
 Check here if student is Homeless, in a Correctional Institution, or in Foster Care  
\*Name of School Student is attending: \_\_\_\_\_  
Address of School \_\_\_\_\_ Zip code \_\_\_\_\_  
Date of Current IEP: \_\_\_\_/\_\_\_\_/\_\_\_\_ IEP Developed by District #: \_\_\_\_\_

### Contact Information for Parent or Guardian

Name of Parent or Legal Guardian: \_\_\_\_\_  
Address (if different than student's address) \_\_\_\_\_  
City, State \_\_\_\_\_ Zip code \_\_\_\_\_  
*(If this address is different from student's school records, please go to the school and correct address. All address corrections must be done in person. Filing this request does not change the student's records at the school).*  
E-mail address: \_\_\_\_\_  Check here if you want notice of scheduled hearing by email  
Telephone: *[All calls will be made between the hours of 8 a.m. & 5 p.m. Please check the box next to the preferred contact number.]*  
Home: (\_\_\_\_) \_\_\_\_\_  Cellular: (\_\_\_\_) \_\_\_\_\_   
Work: (\_\_\_\_) \_\_\_\_\_  Other: (\_\_\_\_) \_\_\_\_\_

Primary Language in the home:  English  Other (specify) \_\_\_\_\_  
 Check here if you will need a translator at the proceeding. Specify language \_\_\_\_\_

### Problem and Proposed Solution to the Described Problem

\*Describe the problem (the concerns relating to the disagreement between you and the district, please include specific facts).  
If more space is needed, attach additional paper. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Proposed solution to the above problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If more space is needed, attach additional paper.

SIGNATURE OF PERSON COMPLETING THE FORM \_\_\_\_\_ DATE \_\_\_\_\_  
RELATIONSHIP TO STUDENT:  Parent / Legal Guardian  Attorney  Other (specify) \_\_\_\_\_

*Note: If you checked "Attorney" or "Other, please provide the contact information below. Please note that information on this case will only be discussed with persons in a parental relationship unless the attorney has submitted a Notice of Appearance or, if "Other", a confidentiality release form has been signed and submitted by the parent or legal guardian identifying the person with whom the NYC DOE staff can discuss the matter.*

### Other or Attorney Contact Information

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone \_\_\_\_\_

**The information contained in this notice will remain confidential.**

rev. 042808

## Due Process Response

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### REQUEST FOR DUE PROCESS PROCEEDINGS

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Federal law allows a parent or an attorney representing a child the right to a due process hearing if the parents have a disagreement regarding the referral, evaluation, or placement of their child or the provision of special education services. All requests for a due process hearing, also known as an impartial hearing, must be submitted in writing.

- All asterisked (\*) information on the reverse side of this form must be included when you submit a request for an impartial hearing. If you, or your attorney, do not include the required asterisked (\*) items, it may result in the denial or delay of a resolution meeting and/or an impartial hearing and the reduction of any attorney's fees awarded by a court. If the district believes the notice is not sufficient (does not fully provide the required content information), the district can notify the appointed impartial hearing officer and you in writing within 15 days of receipt of this notice. The impartial hearing officer must decide if the notice is sufficient within five days of the sufficiency request and notify both parties in writing.
- You may request mediation, at any time, including prior to filing for an impartial hearing. Special education mediation is a voluntary process which all school districts offer parents as a way to work out disagreements with the recommendations of the Committee on Preschool Special Education/ Committee on Special Education. If you wish to request mediation, for public school students, please contact the school or the Integrated Service Center; for all other students, please contact the Committee on Special Education. Participation in mediation does not preclude your right to request an impartial hearing.
- Unless you and the school agree otherwise to begin the impartial hearing or to continue mediation, you will be required to participate in a resolution meeting, at which time you would meet with the school within 15 days after the school has received the notice to try to resolve the issues listed on your request for an impartial hearing. Your failure to participate in the resolution meeting will delay the timelines for the resolution process and due process hearing, and your impartial hearing may be dismissed by the impartial hearing officer.
- For additional information on special education and the *Procedural Safeguards Notice*, refer to :
  - <http://www.vesid.nysed.gov/specialed/publications/home.html>.
  - Individuals with Disabilities Education Act (IDEA)
  - Family Educational Rights and Privacy Act of 1974 (FERPA/ Buckley Amendment)
  - Part 300 of the Code of Federal Regulations
  - Article 89 and Section 3214 of the New York State Education Law
  - Parts 200 and 201 Regulations of the Commissioner of Education

You should refer to these laws and regulations for specific rules and requirements. Also speak with the teachers and administrators in your school district, as they are trained and qualified to provide you with an understanding of the available special education opportunities for your child. Also reach out to specific local resources such as Special Education Training and Resource Center, Parent Centers and Networks and the Quality Assurance Regional Office of Vocational and Educational Services for Individuals with Disabilities of the New York State Education Department.

Instructions for mailing a request for an Impartial Hearing:

- Complete the reverse side of this form and make TWO copies of the original, as well as any additional sheets you added to explain either the problem or proposed solution. Make sure the child's name, date of birth and student I.D. number appears on all documents submitted.
- Send original to: Impartial Hearing Office  
131 Livingston Street, Room 201  
Brooklyn, New York 11201  
Fax # (718) 935-2528  
Email: [ihrequest@schools.nyc.gov](mailto:ihrequest@schools.nyc.gov)
- Send copy to: New York State Education Department  
Office of Vocational and Education Services for Individuals with Disabilities (VESID)  
One Commerce Plaza – Room 1624  
Albany, New York 12234  
Attention: Impartial Hearing Reporting System
- Please keep one copy for your own records.

This form is adapted from the model form issued by the NYSED and was developed to assist you in describing your disagreement and accessing the due process procedures to which you are entitled.

**The information contained in this notice will remain confidential.**

rev. 042808

-----X

In the matter of

IHO Case No.

ANSWER

-----X

PLEASE TAKE NOTICE, that the New York City Department of Education provides the following answer to the impartial hearing request dated \_\_\_\_\_ as required by 20 USC §1415(c)(2)(B)(i)(I):

1. The New York City Department of Education (hereinafter the “DOE”) denies each and every allegation contained in the impartial hearing request herein, except to admit that:
  - a. On \_\_\_\_\_ , the IEP team met and held a review for (“student”).
  - b. The team classified the student as a child with
  - c. Classification (applicable statement as indicated.)
    - i. This was an initial evaluation and the student was classified with .
    - ii. The student had previously been classified with and the team had no reason to change this classification.
    - iii. The classification was changed to based upon the following documentation as indicated:
      1. Social history/social history update;
      2. Psychoeducational evaluation;
      3. Classroom observation(s);
      4. Related service progress reports/evaluations;
      5. Teacher progress reports;
      6. Disciplinary reports;
      7. Other:
  - d. The team recommended the following educational program (choose one):
    - i. General education with related services;
    - ii. General education with Special Education Teacher Support Services;
    - iii. Collaborative Team Teaching;
    - iv. Special Class:
    - v. Special Class in a Specialized School (D 75):
    - vi. Other:
  - e. Upon information and belief, the team relied upon the following materials (as indicated) in making its decision:
    1. Social history/social history update;
    2. Psychoeducational evaluation;
    3. Classroom observation(s);
    4. Related service progress reports/evaluations;
    5. Teacher progress reports;
    6. Disciplinary reports;
    7. Other:

- f. The team considered the following programs (as indicated) but rejected them for the stated reason(s.) (page 8 of the IEP):
    - i. General education with related services
    - ii. General education with Special Education Teacher Support Services
    - iii. Collaborative Team Teaching
    - iv. Special Class
    - v. Special Class in a Specialized School (D 75)
    - vi. Other :
  - g. Additional factors relevant to the team's recommendation:
  - h. On \_\_\_\_\_, a final notice of recommendation ("FNR") was issued to the parent, in which placement at \_\_\_\_\_ was offered.
    - i. This placement is reasonably calculated to enable the child to obtain meaningful educational benefits.
2. ADDITIONALLY,

Dated: \_\_\_\_\_

## Resolution Agreement

### CSE/ISC LETTERHEAD RESOLUTION AGREEMENT

The following represents an agreement made regarding issues raised as part of an Impartial Hearing Request, # \_\_\_\_\_ for the \_\_\_\_\_ school year.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

The New York City Department of Education and the Parent of the child indicated above agree to the following:

#### 1. Meeting or Evaluation

Type of Meeting or Evaluation	Expected Completion Date

#### 2. Services

Service Type	Add/Drop	Frequency per week	Expected Implementation Date

3. Placement or Program Change:

Placement/Program Change FROM	Placement/Program Change TO	Expected Implementation Date

4. Other:

Description of Item or Service	Cost, if applicable	Frequency, if applicable	Expected Implementation Date

- This agreement is the complete settlement of all claims contained in the impartial hearing request, dated \_\_\_\_\_ and filed by the parent. This agreement is legally binding and is enforceable in any State court of competent jurisdiction or in a district court of the United States.
  
- To the extent the parties agreed to items identified above as a partial settlement of claims contained in the impartial hearing request, dated \_\_\_\_\_, and filed by the parent, this agreement is legally binding and is enforceable in any State court of competent jurisdiction or in a district court of the United States.

\_\_\_\_\_  
Parent (SIGN)

\_\_\_\_\_  
DOE Representative (SIGN)

\_\_\_\_\_  
Parent (PRINT)

\_\_\_\_\_  
DOE Representative (PRINT)

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please note that either party may void this agreement in writing. Voiding the agreement must be put in writing, forwarded to the DOE representative or parent, depending on the party voiding. The request to void must be postmarked within three business days of the date of execution.

**Notice of Referral to conduct MDR/Suspension Plan/FBA/BIP  
Form A**

(SUSPENSION HEARING OFFICE)

**NOTICE OF REFERRAL TO CONDUCT AN MDR, AND, IF APPLICABLE, TO REVIEW/  
CONDUCT A FUNCTIONAL BEHAVIORAL ASSESSMENT AND BEHAVIORAL  
INTERVENTION PLAN AND SUSPENSION PLAN**

Date: \_\_\_\_\_

Re (Student's Name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Program: \_\_\_\_\_

NYC ID #: \_\_\_\_\_

TO: \_\_\_\_\_  
Principal

FROM: \_\_\_\_\_  
Suspension Hearing Office

SUBJECT: STUDENT SUSPENSION

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Please be advised that the above-referenced student has been suspended. The suspension may result in the removal of the student for more than ten (10) school days in a school year or may result in a disciplinary change in placement.

See attached e-mail to determine whether any of the actions indicated below require your immediate attention:

A Manifestation Determination Review (MDR) must be completed to determine whether the misconduct for which the student has been charged was the result of his/her disability. The MDR must be completed within the timelines indicated in the attached e-mail. All information regarding attendance and outcome of the MDR must be completed in SOHO. Please note that an FBA or BIP must also be completed or reviewed within 10 days of the MDR if the student's conduct is a manifestation (a "YES" MDR). The team may also determine that an FBA/BIP is required as appropriate, regardless of the outcome. Additionally, a Suspension Plan must be developed if the outcome of the MDR is "NO," and the student will serve a continued suspension.

A Suspension Plan must be developed within the timelines indicated in the attached e-mail because the student will be out of his/her placement for more than 10 days pre-hearing.

**Notice of MDR/Suspension Plan to Parent**  
(SCHOOL LETTERHEAD)

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

NYC ID #: \_\_\_\_\_

School: \_\_\_\_\_

Program: \_\_\_\_\_

Mr./Mrs. \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

Dear Mr./Mrs. \_\_\_\_\_

In accordance with Chancellor's Regulation A-443, a Manifestation Determination Review must be conducted to determine whether your child's misconduct was the result of his/her disability. Additionally, a Suspension Plan, and a Functional Behavioral Assessment and a Behavioral Intervention Plan may also be developed or reviewed. The meeting will be held on:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone: \_\_\_\_\_

Your attendance is required at this meeting and we urge you to attend. The school psychologist or social worker and a person familiar with the student will be attending the MDR meeting. You have the right to request that other members of the IEP Team participate in the meeting.

If at the MDR meeting it is determined that your child's misconduct was not the result of his/her disability, it may be necessary for an IEP Team to meet to formulate a suspension plan describing the services your child will receive while on suspension. Your participation in both of these meetings is crucial and we urge you to attend.

Please call me at the following phone number \_\_\_\_\_ if you have any questions regarding this process or would like to request that additional members of the IEP Team attend. Thank you.

Respectfully,

\_\_\_\_\_  
Enc. Procedural Safeguards Notification

**Manifestation Determination Attendance Sheet  
FORM C**

**MANIFESTATION DETERMINATION ATTENDANCE SHEET**

Student's Name:

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NYC ID #:

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Date:

**Required Members**

Individual knowledge about the interpretation of information about child behavior. (This may be the School Psychologist or School Social Worker.)

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Representative familiar with the student

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Parent of Student

---

Additional Members if Parent and IEP Team members Agree

Title and Signature

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Title and Signature

---

Title and Signature

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## Manifestation Determination Worksheet

The Principal of the school from which the student is suspended must ensure that the steps outlined below are taken. This form must be filled out by the members of the MDR team and provided to \_\_\_\_\_ by the end of the school day in which the MDR takes place.

### Step 1...

Student's Name: \_\_\_\_\_

Student's NYC ID #: \_\_\_\_\_

Date of MDR Meeting: \_\_\_\_\_

Confirm that the student requires an MDR:

(1) Does the student have an IEP or a 504 Plan?  Yes  No

(2) Has it been determined by the Suspension Hearing Office that the Department of Education is "deemed to have knowledge" that the student was a student with a disability prior to the conduct in question?  Yes  No

If the answer to either question is Yes," proceed to **Step 2.**

### Step 2...

Arrange for MDR Team Participants. The following are required:

Individual knowledgeable about the interpretation of information about child behavior. (This may be the School Psychologist or School Social Worker.)

Title \_\_\_\_\_ Signature \_\_\_\_\_

Representative familiar with the student

Title \_\_\_\_\_ Signature \_\_\_\_\_

Parent of Student

Signature \_\_\_\_\_

### Additional IEP Members as determined by the Parent and IEP Team members

Title and Signature \_\_\_\_\_

Title and Signature \_\_\_\_\_

Notify other members of the IEP Team that they may be required to attend an IEP Meeting immediately following the MDR to review and/or revise the student's BIP or, if the team finds the behavior was not a manifestation, to develop a Suspension Plan for the student.



Keeping in mind the above, answer the following questions:

- (1) Although the primary focus remains on the behavior subject to disciplinary action, the Team must also evaluate disability-related antecedent triggers that may have occurred immediately prior to the behavior subject to disciplinary action. Please describe below any disability-related antecedent triggers that occurred immediately prior to the behavior subject to disciplinary action

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- (2) If the behavior fits within any previous patterns of behavior, describe the pattern of behavior:

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- (3) Was the conduct in question **caused by** or did it have a **direct and substantial relationship** to the student's disability?  Yes  No

If the answer to question (3) is "Yes," the conduct in question must be deemed a manifestation of the student's disability and the student must return to school immediately or, if the student is assigned to an IAES, remains in an IAES. Please proceed to Step 5.

#### Step 5...

- (1) List aspects of the student's IEP that were not fully implemented when the behavior occurred:

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- (2) Was the conduct in question a **direct result** of the DOE's failure to implement the student's IEP?

Yes  No

In reaching this determination, the Team must:

Consider whether a part of the IEP was not implemented, and if so, consider whether this non-implementation directly results in the conduct in question, separating out any conduct that bears an attenuated relationship to the student's disability.

If the answer to question 2 is "Yes," the conduct in question must be deemed a manifestation of the student's disability and the student must return to school immediately, or, if the student is assigned to an IAES, remain in an IAES. If the outcome to question 2 is "No", steps must be taken **immediately** to remedy the deficiencies in the implementation of the student's IEP.

## Step 6...

If it is determined that the student's behavior was a manifestation of his or her disability (If the answer to question 3 in step 4 **or** question 2 in step 5 is YES), you must do the following:

- If the student does not already have an FBA and BIP, develop and implement the BIP immediately. If the student already has a BIP, review and implement it immediately to address the behavior that resulted in the suspension.
- If any part of the student's IEP is not fully implemented (as noted in question 1, Step 5), then the deficiencies must be immediately remedied.
- If any member of the Manifestation Determination Team believes that the educational or related services needs, including improved academic achievement and functional performance of the student, warrant a change in the student's program or a reevaluation of the student's disability, immediately following the completion of the MDR meeting, submit a request for a reevaluation.

If it is determined that the student's behavior was NOT a manifestation of his or her disability (if the answer to question 3 in Step 4 **and** question 2 in step 5 is NO, you must do the following:

- The IEP Team must convene immediately following the MDR and develop a suspension plan to determine services to be provided at the suspension site.
- As part of the IEP Team meeting, the Team must make a determination of whether the student's behavior necessitates the development of an FBA and BIP. If the student requires an FBA/BIP, both must be developed and implemented immediately. If an FBA and BIP have already been developed for the student, they must be reviewed and modified, as necessary, to address the student's behavior. The FBA and BIP must be forwarded to the student's suspension site upon completion. For additional information regarding the development of the Functional Behavioral Assessment, and the Behavior Intervention Plan, please refer to Functional Assessment and Behavioral Intervention Planning by Sharon Lohrmann, Ph.D, Assistant Professor of Pediatrics, EM Boggs Center, Robert Wood Johnson Medical School.
- If any member of the Manifestation Determination Team believes that the educational or related services needs, including improved academic achievement and functional performance of the student, warrant a change in the student's program or a reevaluation of the student's disability, the member must, submit a request for a reevaluation immediately following the completion of the MDR meeting.

## Suspension Plan

This Plan provides the student and the staff at the suspension site with a description of the special education supports and services the student will receive during his/her suspension term. Suspension site staff must refer to the student's IEP for all additional information, including environmental and instructional modifications needed to assist the student in meeting his/her goals, participation in assessments, required testing accommodations, promotion criteria and annual goals, all of which must continue to be implemented.

1. Provide Suspension Plan Team Attendance Information

Parent: \_\_\_\_\_  
Special Education Teacher: \_\_\_\_\_  
General Education Teacher (if applicable): \_\_\_\_\_  
District Representative: \_\_\_\_\_  
Other members with knowledge: \_\_\_\_\_

2. Provide Student Information

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
NYCID: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
School Attending: \_\_\_\_\_

3. Review IEP goals and indicate below the special education instructional program, and related and support services that will help the student work towards meeting those goals:

Special Education Instructional Program

- Indicate number of special education teacher support service periods per week: \_\_\_\_\_

- Indicate whether the special education support will be provided directly or indirectly:

- Direct Service is specially designed and/or supplemental instruction to support the participation of the student with a disability in the general education classroom.
- Indirect Service refers to consultation with the student's general education teacher(s).

Direct Service; # of periods per week: \_\_\_\_\_

Indirect Service; # of periods per week: \_\_\_\_\_

**Related Services**

Type of Service (e.g. Speech)	Group Size (e.g. 5)	Frequency (e.g. 3x a week)

**Other Support Services**

Type of Service (e.g. IEP Mandated Health Services provided by a paraprofessional)	Group Size (e.g. 1)	Frequency (e.g. .5)

Provide information below regarding the student's present behavioral performance:

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Provide information below regarding the student's academic performance, by subject area:

Subject Area: \_\_\_\_\_

Comments: \_\_\_\_\_

Please provide any other information that you believe might help the student meet the goals on the IEP. Additionally, for informational purposes, please include any strategies that you have found helpful.

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# Transportation Variance Request



## NEW YORK CITY DEPARTMENT OF EDUCATION SUSPENSION TRANSPORTATION VARIANCE FORM

(Please Print)

Suspension Site Name:	
Suspension Site Code:	Service District: ____ Service Category: ____ Handicap Code: ____
Date Transportation Starts: ____/____/____	Date Transportation Ends: ____/____/____
Student ID # (Delete first two digits of ID and replace with "S-V"):	
<b>PUPIL INFORMATION</b>	

(Please Print)

Date of Birth: ____/____/____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name:	Middle Initial:
Last Name:	
Street Name or Number:	
Building Number:	Apartment:
Zip Code:	Phone No.:
<b>PARENT INFORMATION</b>	

(Please Print)

First Name:	
Last Name:	
Phone No.:	
<b>IN CASE OF EMERGENCY</b>	

(Please Print)

First Name	Last Name	Home Phone No.	Emergency Phone No.

### SPECIAL ALERTS

(Please Print)

<b>AUTHORIZATION</b>	
Authorized by:	
Date:	

## Parent Notice

### CSE Office Letterhead

Dear Parent,

According to our records, you have placed your child in a non-public school at your expense. The school district where the non-public school is located is responsible for individual evaluation and development of individualized educational programs for students with disabilities, including conducting the IEP meetings, and for providing special education services to students with disabilities who are parentally placed in non-public schools. The following information is important for you to know:

- If you have placed your child in a non-public school outside of New York City, the school district where the non-public school is located will be responsible for providing special education services, conducting individual evaluations and conducting IEP meetings. We must have your written consent in order for us to provide information (such as your child's IEP) to the school district where the non-public school is located so that they can arrange for the recommended special education services.
- If you place your child in a non-public school and wish your child to receive special education services while enrolled in that school, you must request those services in writing no later than June 1st before the school year in which services are to be provided.
- If the non-public school where you place your child is located outside of New York City, you should request services from the district where the school is located by June 1st. The personnel and locations for the delivery of these services will be determined by that school district.
- If the non-public school where you place your child is located in another state, your child might not be entitled to all of his/her IEP services. You will need to check with the school district where your child's non-public school is located for more information.

If you wish to have your child receive special education services next year please sign the attached form and return to us by **June 1, \_\_\_\_\_**. If you have any questions regarding these new requirements please contact \_\_\_\_\_ at \_\_\_\_\_.

CSE Office Letterhead

If you have placed your child in a non-public school at your expense and want your child to continue receiving special education services in that school you must sign below and return this form to the CSE office at the above address no later than **June 1, \_\_\_\_\_**.

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

NYCID# \_\_\_\_\_

I have placed my child in a non-public school at my expense and want the special education services to continue to be provided next school year. I give permission for you to provide information about my child to the non-public school in which my child is enrolled. If I do not reside in New York City, I give permission for you to provide information about my child to the school district where I reside.

Parent/Guardian signature \_\_\_\_\_

Name of school my child attends \_\_\_\_\_

Name of school district where this school is located \_\_\_\_\_

## Consent for Initial Evaluation: Parentally Placed Students

Consent for Initial Evaluation

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

To Whom It May Concern:

I give my consent to have my child evaluated to determine if s/he has an educational disability and is eligible for special education services. I understand that the assessment process will include a social history, psycho-educational evaluation, a classroom observation, and other appropriate assessments or evaluations as necessary to determine my child's educational needs.

These assessments will be completed at the Committee on Special Education Office. I understand that the Committee on Special Education Office will be contacting my child's school in order to ensure that all assessments will be completed.

The nature and purpose of each of these evaluations has been explained to me and I understand that I may withdraw my consent, in writing, at any time. I also understand that withdrawal of my consent is not retroactive, meaning that it does not negate an action that has occurred after the consent was given and before the consent was revoked.

I understand that if I do not consent to this evaluation or if I fail to respond to this request my child will not be considered a student eligible for special education services.

I have received a copy of the booklet A Parent's Guide to Special Education for Children 5-21 and my rights as a parent of a child with a disability have been explained to me. I understand that I will be invited to participate in all future planning meetings regarding the education of my child.

**Please sign and return this form to the person indicated below. Additionally, if you have any questions regarding this letter, please contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I consent to have my child evaluated.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

A copy must go to:  School Psychologist  Student File

Other: \_\_\_\_\_

## Consent for Reevaluation for Parentally Placed Students

Consent for Reevaluation

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

After a review of your child's current educational and evaluation information, it has been determined that additional assessments are required as part of a requested reevaluation or three-year-evaluation. The assessment process may include a psycho-educational evaluation, a classroom observation, and other appropriate assessments or evaluations as necessary to determine your child's educational needs.

The nature and purpose of each of these assessments is to provide important information about whether or not your child continues to have an educational disability and the continued need for special education and related services. If your child continues to require special education services, these assessments will provide important information regarding your child's present levels of performance, and whether modifications to your child's Individualized Education Program (IEP) are necessary.

I understand that if I do not consent to this evaluation or if I fail to respond to this request my child will not be considered a student eligible for special education services.

**Please sign and return this form to the person indicated below. Additionally, if you have any questions regarding this letter, please contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I give my consent for new testing and assessments to be given to my child, as described above.

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have private evaluation material which may assist the IEP Team, please send or bring the information to:

\_\_\_\_\_  
\_\_\_\_\_

If you would like specific assessments to be conducted, please immediately contact \_\_\_\_\_ at \_\_\_\_\_

You will be invited to participate in all future planning meetings regarding the education of your child.

A copy must go to:     School Psychologist         Student File  
 Other: \_\_\_\_\_

**Request to Share Personally Identifiable Information  
{For Parentally Placed students living outside NYC}**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_

Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Class/Program: \_\_\_\_\_

Dear Parent:

Our records indicate that you have placed your child in a nonpublic or parochial school located in New York City. It is very important that we have access to current educational information regarding your child. In order to develop a plan regarding what special education services, if any, we will develop for your child, we are asking for your consent to share information with the school district in which you reside.

If you consent to share such information, please sign below:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Please sign and return this form to the person indicated below. Additionally, if you have any questions regarding this letter, please contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

A copy must go to:  Student File

## Parentally Placed Final Notice of Recommendation: Initial

Final Notice of Recommendation: Initial

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_  
Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_  
Current Class/Program: \_\_\_\_\_

Dear Parent:

The IEP Team has conducted a meeting to discuss the educational needs of your child. You were invited to attend that meeting. As a result of the meeting, the IEP Team made the following final recommendation:

Classification: \_\_\_\_\_

Program Recommendation: Parentally Placed Student

Related Service(s): \_\_\_\_\_

If you agree to this recommendation and wish to have these services provided to your child, please sign the bottom of this form, keep a copy for your records and return to the contact information listed below. Additionally, if you want to discuss this decision or if you would like to arrange another meeting, please call or write the contact indicated below. You may bring other individuals who have knowledge or special expertise regarding your child. If you have a disability which requires special arrangements, or if you need a translator or interpreter for the deaf, please notify the contact person listed above.

### Contact Information

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

- I consent to the recommended services.  
 I do not consent to the recommended services

Parent signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Parentally Placed Final Notice of Recommendation:  
Annual Review and Reevaluation**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
NYC ID#: \_\_\_\_\_ CSE #: \_\_\_\_\_  
Home Address: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_  
Current Class/Program: \_\_\_\_\_

Dear Parent:

The IEP Team has conducted a meeting to discuss the educational needs of your child. You were invited to attend that meeting. As a result of the meeting, the IEP Team made the following final recommendation:

Classification: \_\_\_\_\_

Program Recommendation: Parentally Placed Student

Related Service(s): \_\_\_\_\_

If you agree to this recommendation and wish to have these services provided to your child, please sign the bottom of this form, keep a copy for your records and return to the contact information listed above. Additionally, if you want to discuss this decision or if you would like to arrange another meeting, please call or write the contact indicated above. You may bring other individuals who have knowledge or special expertise regarding your child. If you have a disability which requires special arrangements, or if you need a translator or interpreter for the deaf, please notify the contact person listed above.

**Contact Information**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

I agree with the recommended services.

Parent signature: \_\_\_\_\_  
Date: \_\_\_\_\_