

# Intensive Reading Education and Development (I READ) Early Literacy Program Application

The Intensive Reading Education and Development (I READ) Early Literacy Program is a special education program in District 1-32 schools that serves certain students in grades K and 1 with reading-based disabilities who have Individualized Education Programs (IEPs). The program is designed to address the needs of these students by incorporating targeted literacy intervention into the classroom. If school staff and the student's family reasonably believe that the I READ Program might be appropriate, this application must be completed in its entirety and submitted to IREADProgram@schools.nyc.gov.

**Please note:** Incomplete forms will not be accepted and may delay the eligibility determination process.

**Date of Application:** \_\_\_\_\_ **Application for School Year:** \_\_\_\_\_

**Has the parent/guardian agreed to submit an I READ Program application? YES** \_\_\_\_\_ **NO\*** \_\_\_\_\_

\*The parent/guardian must be contacted and must be in agreement with the decision to submit an IREAD Program application. Applications with "no" indicated above will not be accepted.

## Referral Source (Who is completing this application?)

Name: \_\_\_\_\_

Relationship to Student:

Parent/Guardian     Teacher     IEP Team Member     Other (specify) \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Title (if other than parent) \_\_\_\_\_

**This student currently has an Individualized Education Program (IEP) (check one): YES** \_\_\_\_\_ **NO\*** \_\_\_\_\_

## Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School (DBN or Name of Preschool): \_\_\_\_\_ School Address: \_\_\_\_\_

Current Grade (Child must be in grades PreK-1): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Parent/Guardian Phone #: \_\_\_\_\_

**Does this student currently have an Individualized Education Program (IEP), or are they in the special education evaluation process** (check one): **YES** \_\_\_\_\_ **NO\*** \_\_\_\_\_

If the student currently has an IEP or is in the special education evaluation process, please complete the next section of this application. Families submitting this application should work with their child's IEP team to provide the information requested.

## Individualized Education Program Information

Date of Most Recent IEP: \_\_\_\_\_ Status of Current IEP (check one):  DRAFT  FINAL

Participation in Alternate Assessment: **YES** \_\_\_\_\_ **NO\*** \_\_\_\_\_

Current Classification (check one):

- Speech or language impairment
- Learning Disability
- Preschooler with a Disability
- Other: \_\_\_\_\_

Current Special Education Program Recommendation:  
(select all that apply from either Preschool or School-age)

Preschool

- Special Class
- Special Class in an Integrated Setting
- Special Education Itinerant Teacher (SEIT)

**OR**

School-aged (K-1)

- Non-specialized (District 1-32)
- Specialized (District 75)
- Non-public School (NPS)
- Integrated Co-Teaching
- Special Class
- Special Education Teacher Support Services (SETSS)

Current Special Education Recommended Related Services: (select all that apply)

- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Counseling
- Paraprofessional
- Other: \_\_\_\_\_

## Psychoeducational Assessment Information

Prospective students for the I READ program should submit any relevant assessments conducted within the last year (psychoeducational, speech evaluation, etc.) as part of their application. For students transitioning to kindergarten, applications may be submitted before assessments are complete, and then they can be provided when available. The school or CSE IEP Team can assist with gathering this information.

Students who may be eligible for I READ, based on this application, will be contacted after submission about additional assessment that will be conducted as part of the eligibility determination process.

Please contact [IREADProgram@schools.nyc.gov](mailto:IREADProgram@schools.nyc.gov) with questions regarding assessments.

Assessment Type	Name of Assessment	Administration Date	Standard Score / Percentile

## Additional Information

Please include any additional information that may be relevant to this program application.

---

---

---

---

---