



Office of School Health/ Office of Related and Contractual Services
49-51 Chambers Street, Room 600
New York, NY 10007

+1 212 374 6097 tel
+1 212 374 9435 fax

Dear Independent Provider of Special Education Teacher Support Services:

The New York City Department of Education's Integrated Service Centers (ISCs) and Committees on Special Education issue P-3 letters to parents whose children are mandated to receive Special Education Teacher Support Services (SETSS) on their Individualized Education Program (IEP) when the School Program the student is recommended to attend cannot provide such services.

The New York City Department of Education is compiling a list of agencies/individuals who wish to be placed on the **Special Education Teacher Support Services Independent Provider Registry**. This list will be shared with parents, schools, ISCs, CSEs and Citywide Programs. ISCs, CSEs and Citywide Programs are responsible for issuing P-3 letters for students. The Office of Related and Contractual Services (ORCS) is responsible for maintaining the **Special Education Teacher Support Services Independent Provider Registry**.

If you wish to be included on the **Special Education Teacher Support Services Independent Provider Registry**, complete and submit one of the appropriate enclosed forms. Agencies must include the names of all individuals working for that agency that may provide services to students. These individuals must be fingerprinted by the New York City Department of Education. Please be sure to complete the appropriate form, either the **Individual** or **Agency** provider form. All required documentation must be attached to the application form. Employees of the Department of Education of the City of New York are not eligible to serve as independent providers and have their names entered on the **Special Education Teacher Support Services Independent Provider Registry**.

Completed applications should be mailed **no later than December 11, 2009** to:

New York City Department of Education
OFFICE OF RELATED AND CONTRACTUAL SERVICES
49-51 Chambers Street, Room 600
New York, NY 10007
Attention: Rita Venekas

The following requirements/documentation is required to be included in the **Special Education Teacher Support Services Independent Provider Registry** indicated below:

Continued

Requirements for Approval of Professional Certification:

The only acceptable forms of New York State professional certification are in:

- Permanent, Initial or Professional in Special Education or Student with Disabilities(Grade Specific) certification
- Permanent, Initial or Professional in Reading or Literacy
- Internship Certificate in Students with Disabilities or Literacy
- Transitional B Certificate in Students with Disabilities or Literacy

Evidence of Bilingual Proficiency: The following certifications are acceptable:

(a) The passing results of the New York State Education Department Bilingual Education Assessment (BEA) or other valid language proficiency assessment; and/or (b) a New York State Education Department Bilingual Extension Certificate. Reports of Language Proficiency, formerly conducted by Colleges/Universities are no longer acceptable.

Fingerprinting: In order to be included on the Registry, individuals who have not been fingerprinted by the New York City Department of Education since July 1, 1990 must do so. Individuals requiring fingerprinting should report to New York City Department of Education, Office of Related and Contractual Services, 49-51 Chambers Street, Room 600, New York, NY 10007, Monday through Friday, from 10:00 AM to 3:00 PM. You must bring a copy of your permanent New York State Education certification. Only fingerprinting through the New York City Department of Education system is acceptable. If you were fingerprinted, but cannot locate a fingerprinting receipt, please provide us with your Social Security Number, so we can verify that you have been fingerprinted. If fingerprinting is required, there is a one hundred and fifteen dollar (\$115) fingerprinting fee per individual payable to the New York City Department of Education.

The maximum rate allowed by the New York City Department of Education for all Independent non-Department of Education providers of Special Education Teacher Support Services is as follows:

\$41.98 PER HOUR

If you have any questions, please contact Rita Venekas at (212) 374-1081 or by email at rveneka@schools.nyc.gov . Thank you.

Sincerely,

Ava J. Mopper

Ava J. Mopper, Director
Office of Related and Contractual Services

Enclosures



- INDIVIDUAL PROVIDER -

Independent Provider of Special Education Teacher Support Services Application Form

This form must be completed by an independent provider of Special Education Teacher Support Services whose name is to appear on the Special Education Teacher Support Services Independent Provider Registry.

NAME OF INDEPENDENT PROVIDER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ Email: _____

SOCIAL SECURITY NUMBER: _____

Borough(s) in which you are able to Provide Special Education Teacher Support Services (check as many as Appropriate).

- Manhattan, Bronx, Brooklyn, Queens, Staten Island checkboxes

CREDENTIALS:

Possess professional New York State Education Department Certification in:

- Special Education / Student with Disabilities (Grade Specific), Reading or Literacy checkboxes

BILINGUAL PROFICIENCY:

Possess a New York State Education Department bilingual extension? (specify one) YES NO

Evidence of passing NYS Education Department Bilingual Education Assessment (BEA)? (specify one) YES NO

Evidence of passing a valid language proficiency assessment (LPA?). (specify one) YES NO

If yes, please specify the language(s) for which you have a bilingual extension, BEA and/or Language Proficiency Assessment

Blank lines for specifying languages

NOTE: A copy of your applicable current certificate including bilingual proficiency (if applicable) must be affixed to this form. DOE employees cannot serve as independent providers and as such, their names may not be placed on the list.



- AGENCY PROVIDER -

Independent Provider of Special Education Teacher Support Services Application Form

This form must be completed by an independent provider of Special Education Teacher Support Services whose name is to appear on the **Special Education Teacher Support Services Independent Provider Registry** . **If at any time you wish to add or delete providers, you must complete this form and return it to the DOE (Please type or print all information)**. DOE employees cannot serve as independent provides and as such, their names may not be placed on the list.

NAME OF AGENCY: _____

Borough(s) in which you are able to Provide Special Education Teacher Support Services (check as many as Appropriate).

ADDRESS: _____

- Manhattan Bronx
 Brooklyn Queens

TELEPHONE NUMBER: _____

- Staten Island

TAX ID. NO.: _____

Email: _____

CONTACT NAME: _____

PROVIDER'S NAME (COMPLETE ADDITIONAL PAGES AS NECESSARY)	SOCIAL SECURITY #

NOTE: A copy of your applicable current certificate including bilingual proficiency (if applicable) must be affixed to this form.