

Autism Spectrum Disorder (ASD) Programs in NYCDOE community schools may be appropriate for some students with an educational classification of autism on their Individualized Education Program (IEP). As a Specialized Program, ASD Programs are available in some community schools and not every student with a classification of autism needs an ASD Program. For more information on ASD Programs in community schools, including admissions criteria, visit the [Specialized Programs website](#).¹

Before submitting this ASD Program application, it is important that school staff and students' families review and understand the information in the [ASD Program Guide](#).² The ASD Program Guide provides an overview of the ASD Nest Program and the ASD Horizon Program as well as information about admissions criteria. If school staff and the student's family reasonably believe that an ASD Program might be appropriate, this form must be completed in its entirety and submitted to ASDPrograms@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:
Application for Program:	ASD Horizon Program (Special Class) ASD Nest Program (Integrated Co-Teaching)

Referral Source

Name:	Relationship to Student: Parent/Guardian Teacher CSE Team Member Other (<i>specify</i>) _____
Title:	
Phone #:	Email:

Has the parent/guardian agreed to submit an ASD Program application? **YES** **NO***

*If the parent/guardian has not agreed to submit this application, the parent/guardian must be contacted and must be in agreement with the decision to submit an ASD Program application. Applications with "no" indicated above will not be accepted.

Student Information

First Name:	Last Name:	
Student ID #:	Date of Birth:	
Current School (DBN or Name of Pre-K):	School Address:	Current Grade:

Parent/Guardian Name:	Parent/Guardian Phone #:	Parent/Guardian Email:
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This student currently has an Individualized Education Program (IEP) (check one): **YES** **NO***

*All prospective ASD Program students must have IEPs developed by their Committee on Special Education (CSE) before moving forward in the eligibility determination process. If the student does not currently have an IEP, contact the student's CSE.

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

¹ Specialized Programs website: <http://schools.nyc.gov/Academics/SpecialEducation/enrolling/specializedprograms>

² ASD Program Guide can be found on the Specialized Programs website above.

Student Name: _____ Student ID #: _____

Individualized Education Program Information

Date of Most Recent IEP:	Status of Current IEP (<i>check one</i>): DRAFT FINAL	Participation in Alternate Assessment: YES NO
Current Classification (<i>check one</i>):		
Autism	Deafness/Deaf-blindness	Visual Impairment
Emotional Disturbance	Hearing Impairment	Orthopedic Impairment
Learning Disability	Other Health Impairment	Traumatic Brain Injury
Multiple Disabilities	Speech/Language Impairment	Preschooler with a Disability
Current Special Education Recommendation (<i>select all that apply</i>):		
Community School	Integrated-Co Teaching	Speech Therapy
District 75	Special Class	Occupational Therapy
Non Public School (NPS)	SE Teacher Support Services (SETSS)	Physical Therapy
		Counseling
		Paraprofessional

Psychoeducational Assessment Information

At minimum, prospective students for the ASD Nest Program or the ASD Horizon Program must have up-to-date assessments in the areas of cognition, academics/achievement, and autism diagnostics. Additional assessment data should also be submitted (e.g., speech, behavior assessments).

- For students in grades K-5, psychoeducational assessments must be within 1 year of the application date.
- For students in grades 6-12, psychoeducational assessments must be within 3 years of the application date.

All assessments must have been completed prior to submission of the ASD Program application. Incomplete information may result in delays to the eligibility determination process.

Assessment Type	Name of Assessment	Administration Date (mm/dd/yy)	Std. Score /Percentile
Cognitive			
Academic/Achievement			
Autism Diagnostic	CARS GARS ADOS Other: _____		
Other: _____			

Additional Information – Please include any additional, relevant information.