



New York City Department of Education

APPLICATION FOR REGULAR DOE SPECIAL EDUCATION OR LITERACY (READING) TEACHER TO BECOME ELIGIBLE FOR INDEPENDENT SPECIAL EDUCATION TEACHER SUPPORT SERVICES (SETSS) ON A LIMITED BASIS AND TO BE INCLUDED ON A SPECIAL DOE REGISTRY

Name _____ Soc. Security No. _____

Address _____ Email: _____

_____ Telephone (h) _____

(w) _____

School(s) _____ Geographical District(s) _____

I hold a valid bilingual credential Language(s) _____
(Please submit a copy of bilingual credential)

I am willing to work in: Manhattan Brooklyn Bronx Queens Staten Island
(Please check all that apply)

Principal's Endorsement

I attest that this applicant for work as an independent Special Education Teacher Support Services (SETSS) provider is employed full-time as a Special Education or Literacy (Reading) Teacher, is currently working under this license and is satisfactorily rated.

Name of Principal (Print)

Signature of Principal

Date



Applicant’s Acknowledgement

I understand that to be approved, the signature of my principal attesting to the above will be required.

If I am approved, I understand that my name, address and telephone number will be listed on a special Registry of Independent Providers on the Department’s website and that the list will be distributed to parents on a regular basis.

If approved, I understand that I am limited to a total of ten (10) hours per week of service as an Independent Provider. I also understand I shall not: advertise independently, work for an agency, or charge the parent directly in any way for services rendered.

If I am approved, I agree that I will be compensated at the standard rate for an Independent Provider for the service I am providing as set forth in the Rate Schedule for Independent Providers of Special Education Teacher Support Services.

If approved, I understand that I may provide services to school-age IEP mandated students attending non-public schools located in the same or different geographic district(s) to which I am assigned.

If approved, I understand that I shall provide services to school-age IEP mandated students during the 10 month school year only.

If approved, I understand that services may be provided during the summer (for 12 month IEP students or make-ups) only if I was the provider during the school year.

If approved, I understand that I shall not provide these services as an Independent Provider in a DOE facility. I also understand that I shall not provide services as an Independent Provider to students who attend the school(s) to which I am assigned or to the siblings of these students.

I also understand that as an Independent Provider I am subject to the same professional and personal standards applicable to all other Independent Providers and must possess the appropriate certificate/license and bilingual credential required of an Independent Provider.

I understand that my earnings as an Independent Provider will be reported on federal form 1099 and those earnings are not pensionable.

I understand and agree to abide by these and all requirements as described in the SETSS form.

Signature of Applicant

Date

Please Note: The maximum rate allowed by the New York City Department of Education for all providers of Special Education Teacher Support Services is \$41.98 per hour.

A copy of your license/certification must be affixed to this form. Mail form and documentation to:

Rita Venekas
Office of Related Services
NYC Department of Education
28-11 Queens Plaza North, Room 508
Long Island City NY 11101

You may also email the information to Rita at rveneka@schools.nyc.gov