Department of Education
Office of School Health/ Office of Related and Contractual Services
28-11 Queens Plaza North, Room 402
Long Island City, NY 11101

Dear Independent Provider of Assessment Services:

The New York City Department of Education (DOE) is responsible for conducting appropriate assessments (i.e., Social Histories, Psychoeducational Evaluations, etc.) in a timely fashion for all students referred for these services. In cases where monolingual, bilingual or specialized assessments cannot be completed due to the unavailability of Department of Education staff (full-time or per-session) or contract agency staff, the parent is issued an authorization letter to arrange for these assessments with non-DOE independent providers at public expense. The use of a non-DOE independent provider is known as the "Assessment Authorization (AA)."

The New York City DOE is compiling a list of agencies/individuals who wish to be placed on the **Municipality of Assessment Authorization Providers.** This list will be shared with parents, schools, Children First Networks (CFNs), and Committees on Special Education (CSEs) to assist in locating an independent assessment authorization provider. The next update for the **Municipality of Assessment Authorization Providers** will be **June 2011**.

The following is a list of the specific assessments that can be authorized under the "Assessment Authorization" procedure:

Monolingual Assessments:
- Psychoeducational Evaluations
- Social History Evaluations
- Speech Evaluations

Bilingual Assessments:
- Psychoeducational Evaluations
- Psychiatric Evaluations
- Social History Evaluations
- Speech Evaluations

Specialized Assessments:
- Assistive Technology
- Audiological Evaluations
- Medical Evaluations
- Neurological Evaluations
- Neuropsychological Evaluations
- Occupational Therapy Evaluations
- Optometric Evaluations
- Orientation and Mobility Evaluations
- Psychiatric Evaluations
- Physical Therapy Evaluations

Please find the license/certifications requirements needed in order to be included on the **Municipality of Assessment Authorization Providers** on the reverse side of this document.

Fingerprinting:
In order to be included on the Municipality List, individuals who have not been fingerprinted by the New York City Department of Education since July 1, 1990 must do so. Individuals must pay a one hundred and fifteen ($115) dollar fingerprinting fee payable to the New York City Department of Education. Individuals requiring fingerprinting should report to New York City Department of Education, Office of Related and Contractual Services, 28-11 Queens Plaza North, 4th Floor Queens NY 11101, Monday through Friday, from 10:00 AM to 2:00 PM. You will then be directed to complete the fingerprinting process at Human Resources, 65 Court Street, Brooklyn, NY 11201. You must bring a current copy of your New York State Education Department license and registration at that time. 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 you wish to be included on the Municipality of Assessment Authorization Providers please complete and submit the appropriate enclosed application. **Note that if you are currently on this Municipality List and wish to continue to be included, you must reapply by completing the enclosed application.** Agencies must include the names of all individuals working for that agency that may provide services to students. These individuals must then also be fingerprinted by the New York City Department of Education. Please be sure to complete the appropriate form, either the **Individual** or **Agency** provide. 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 **Assessment Authorization Municipality**.

Completed applications and documentation should be returned by email to rveneka@schools.nyc.gov or by fax t 718-391-8128 or mail no later than **Thursday, May 31st, 2012** to:

New York City Department of Education
Office of Related and Contractual Services
28-11 Queens Plaza North, Room 402
Long Island City NY 11101
Attention: Rita Venekas

If you have any questions, please contact Rita Venekas at 718-391-8391 or by email rveneka@schools.nyc.gov

Sincerely,

Ava J Mopper

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

Enclosures

Professional Licensure Requirements and Rates

The only acceptable forms of professional licensure are issued by New York State Education Department.

- For **Assistive Technology**: A New York State Education Department license and current registration as an Occupational Therapist, Physical Therapist, Speech/Language Pathologist or Audiologist. At that time, please include your resume, certification (RESNA, if applicable) or letter or evidence of qualifying experience in this area. In addition to conducting the assessment, the evaluator will be required to provide training in the use of the Assistive Technology device to the student, appropriate school personnel (i.e., the student's paraprofessional or classroom teacher), parent, etc. Assistive Technology devices are defined as being "those pieces of equipment and materials that provide major adaptations to the learning environment are unique to the student's needs, and without which the student would be unable to benefit from the recommended educational program as specified on the student's Individualized Education Program (IEP)." The rate is $350 per assessment.

- For **Audiological Evaluations:** A New York State Education Department license and current registration as an Audiologist. The rate is $200 per assessment.

- For **Medical Evaluations**: A New York State Education Department license and current registration as a Physician. The rate is $250 per assessment.

- For **Neurological Evaluations**: A New York State Education Department license as a physician and the American Board of Psychiatry and Neurology certification. The rate is $650 per assessment.

  For **Neuropsychological Evaluations**: A New York State Education Department license and current registration as a psychologist and expertise in neurological behavior. The rate is $1,000 per assessment.

- For **Occupational Therapy Evaluations**: A New York State Education Department license and current registration as an Occupational Therapist. The rate is $200 per assessment.

- For **Optometric Evaluations**: A New York State Education Department license and current registration as an Optometrist. The rate is $150 per assessment.

- For **Orientation and Mobility Evaluations**: A New York State Education Department certificate in the areas of the blind and partially sighted and a bachelor's or Masters Degree with a specialty in orientation and mobility from a program recognized by the New York State Education Department as following acceptable educational practices, or a Bachelor's Degree in education, special education or related specialty from an accredited college or university or one recognized by the New York State Education Department as following acceptable educational practices and successful completion of a certified course, program, and internship in orientation and mobility at a college or university recognized by the New York State Education Department as following acceptable education practices. The rate is $490 per assessment.

- For **Psychiatric Evaluations**: A New York State Education Department license and current registration as a Psychiatrist. For bilingual Psychiatric Evaluations, the rate is $750. The rate is $650 per assessment.

- For **Physical Therapy Evaluations**: A New York State Education Department license and current registration as a Physical Therapist. The rate is $200 per assessment.

- **Psychoeducational Evaluations**: A New York State Education Department license and current registration as a Psychologist. Please note that a classroom observation may be required as part of the Psychoeducational Evaluation. For a monolingual evaluation the rate is $550 per assessment and a bilingual evaluation the rate is $650 per assessment.

- **Social History Evaluations**: A New York State Education Department license and current registration as a Clinical Social Worker. For a monolingual evaluation the rate is $250 per assessment and for a bilingual evaluation the rate is $350 per assessment.

- **Speech Evaluations:** A New York State Education Department license and current registration as a Speech Pathologist and a New York State Education Department certification as a Teacher of Speech and Hearing Handicapped (TSHH) or Teacher of Students with Speech Language Disabilities (TSLD). Note that Clinical Fellowship (CF) candidates must be directly supervised by their CF NYSED licensed SLP holding the previously mentioned credentials. In addition, CF candidates must also hold the initial Teacher of Students with Speech Language Disabilities certification and have an approved application on file with New York State Education Department for their CF experience. Please note that a classroom observation may be required as part of the Speech Evaluation. For a monolingual evaluation the rate is $400 per assessment. For a bilingual evaluation, the rate is $550 per assessment.

  Evidence of Bilingual Proficiency: The following licenses or certifications are acceptable:

(a) The passing results of the New York State Education Department Bilingual Education Assessment (BEA) 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.

Department of Education

- INDIVIDUAL PROVIDER FORM –

Application Form for Registry of Assessment Authorization Providers

This form must be completed by an independent provider of Assessments whose name will appear on the **Registry of Assessment Authorization Providers.**

NAME OF INDEPENDENT PROVIDER: _____

ADDRESS: _____

EMAIL: (Required)_____

Borough(s) in which you are able to provide Assessments.
□ Manhattan □ Bronx
□ Brooklyn □ Queens □ Staten Island

TELEPHONE NUMBER: _____

DATE OF BIRTH: (Required) _____ **SOCIAL SECURITY NUMBER: (Required)** _____

What type of Assessments can you provide?
Remember you must possess the appropriate NYS professional licensure with current registration and New York State Education Department certifications where applicable.

Monolingual Assessments:

- ☐ Psychoeducational Evaluations
- ☐ Social History Evaluations
- ☐ Speech Evaluations

Bilingual Assessments:

- ☐ Psychoeducational Evaluations: Specify: _____
- ☐ Social History Evaluations: Specify: _____
- ☐ Speech Evaluations: Specify: _____

Specialized Assessments:

- ☐ Assistive Technology
- ☐ Medical Evaluations
- ☐ Neuropsychological Evaluations
- ☐ Optometric Evaluations
- ☐ Psychiatric Evaluations
- ☐ Audiological Evaluations
- ☐ Neurological Evaluations
- ☐ Occupational Therapy Evaluations
- ☐ Orientation and Mobility Evaluations
- ☐ Physical Therapy Evaluations

BILINGUAL PROFICIENCY:

Possess a New York State Education Department Bilingual Education Extension certificate?	(Circle one)	YES	NO
Evidence of passing NYS Education Department Bilingual Education Assessment (BEA)?	(Circle one)	YES	NO

If yes, please specify the language(s).

_____ _____ _____ _____

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

Mail form and documentation to: NYC Department of Education, Office of Related and Contractual Services, 28-11 Queens Plaza North, Room 402, Long Island City, NY 11101 Attention: Rita Venekas or by email: rveneka@schools.nyc.gov

Department of Education

-- AGENCY PROVIDER FORM–

Application Form for Registry of Assessment Authorization Providers

This form must be completed by an agency who will serve as an independent provider of Assessments whose name is to appear on the **Municipality of Assessment Authorization Providers.** **If at any time you wish to add or delete providers, you must complete this form and return it to the DOE.** DOE employees cannot serve as independent providers and as such, their names may not be placed on the list. **(Please type or print all information)**

NAME OF AGENCY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ CONTACT NAME: _____

EMAIL: **(Required)** _____ TAX IDENTIFICATION NUMBER: _____

Borough(s) in which you are able to provide Assessments: □ Manhattan □ Bronx □ Brooklyn □ Queens □ Staten Island

THERAPIST'S NAME (COMPLETE ADDITIONAL PAGES AS NECESSARY)	SOCIAL SECURITY # REQUIRED	DATE OF BIRTH REQUIRED	THERAPIST'S EMAIL REQUIRED	TYPE OF ASSESSMENT SPECIFY LANGUAGE

NOTE: **A copy of your current license, registration, certification (if applicable) including bilingual proficiency (if applicable) must be affixed to this form.**

Mail form and documentation to: NYC Department of Education, Office of Related and Contractual Services, 28-11 Queens Plaza North, Room 402, Long Island City, NY 11101 Attention: Rita Venekas or by fax to 212-374-9435 or by email; rveneka@schools.nyc.gov