



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

Student ID#: \_\_\_\_\_

This student currently has an Individualized Education Program (IEP) (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
Special Transportation Requested:	YES      NO
Current Classification (check one):	Intellectual Disability Multiple Disabilities Other Health Impairment Other: _____
Current Special Education Program Recommendation: (select all that apply from either Preschool or School-age)	
<p><b>Preschool</b></p> <p>Special Class</p> <p>Special Class in an Integrated Setting (SCIS) Special Education Itinerant Teacher (SEIT)</p>	
<b>OR</b>	
<p><b>School-aged (K-12)</b></p> <p>Non-specialized (District 1-32)      Integrated Co-Teaching (ICT)</p> <p>Specialized (District 75) Non-public School (NPS)      Special Class</p> <p>Special Education Teacher Support Services (SETSS)</p>	
Current Special Education Recommended Related Services: (select all that apply)	
<p>Speech Therapy      Counseling</p> <p>Occupational Therapy      Paraprofessional</p> <p>Physical Therapy      Other: _____</p>	

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Psychoeducational Assessment Information**

At minimum, prospective students for the ACES Program must have full assessments completed within the past three years, in the areas of cognition, academics/achievement, and adaptive behavior. The school or Committee on Special Education (CSE) IEP Team must ensure that the required assessments are completed for this application. Incomplete information may result in delays to the ACES eligibility process. Additional assessments may be requested by the Central ACES Team.

Assessment Type	Name of Assessment	Administration Date (mm/dd/yy)	Standard Score / Percentile
Cognitive/IQ (e.g. WPPSI, WISC, DAS, SB)			Verbal
			Non-Verbal
			FSIQ
Academic/Achievement			Reading
			Math
Adaptive Behavior Scale (e.g. VABS-II, ABAS)			Communication
			Daily Living Skills
			Socialization
			Composite
Other: _____ (e.g. GARS, Conners)			

**Additional Information** – Please include any additional, relevant information

<sup>1</sup> NYC DOE Website, Special Education, Specialized Programs: <https://www.schools.nyc.gov/special-education/school-settings/specialized-programs>