

Office of Related Services 28-11 Queens Plaza North, Room 508 Long Island City, NY 11101

Dear Independent Agency/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 DOE maintains a registry of independent agencies/individuals. This list is shared with parents, schools, Borough Field Support Centers (BFSCs), and Committees on Special Education (CSEs) to assist in locating independent evaluators.

The following is a list of the specific evaluations 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

The credentials required in order to register with the DOE as an independent evaluator and be placed on the registry of independent providers follow on the next page.

Fingerprinting:

In order to be included on the registry, individuals must clear the DOE background check process and have been fingerprinted by DOE since July 1, 1990. Fingerprints are \$135 effective 7/1/16, payable by check, money order or credit/debit card. 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.

Please complete and submit the appropriate enclosed application. Agencies must include the names of all individuals working for that agency who may provide services to students. Providers will receive a nomination email from the DOE that contains links to a background questionnaire that must be completed, as well as to a fingerprint referral form. These individuals must then be fingerprinted by the New York City Department of Education at 65 Court Street in Brooklyn.

Please be sure to complete the appropriate form – **Individual** or **Agency** – and attach all required documentation. Completed applications and documentation should be faxed to Rita Venekas at 718-391-8174.

Employees of the Department of Education of the City of New York are not eligible to serve as independent providers.

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

Very truly yours,

Sue Epstein Director of Compliance & Contract Management Office of Related Services

Professional Licensure Requirements and Rates

The only acceptable forms of professional licensure are issued by the 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)."

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 \$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.



- INDIVIDUAL PROVIDER FORM -

Application for PETS Registration/Independent Evaluator Registry

(PLEASE PRINT CLEARLY)						
NAME OF INDEPENDENT PROVIDER:			Borough(s) ir	n which you	•	vide Assessments.
ADDRES	S:		_	⊐ Brooklyn	□ Manhattan□ Queens	□ Bronx□ Staten Island
				,		
EMAIL: (Required)			TELEPHONE NUMBER:			
DATE OF BIRTH: (Required)		so	CIAL SECURITY NUMBER: (Required)			
	t type of Assessments can you provide? ember you must possess the appropriate NYS professional licensure	with curre	ent registration and New York State Educ	cation Depart	tment certification	s where applicable.
Monolingual Assessments			Bilingual Assessments			
	Psychoeducational Evaluations		Psychoeducational Evaluations:	Sį	oecify:	
	Social History Evaluations		Social History Evaluations:	Sį	oecify:	
	Speech Evaluations		Speech Evaluations:	Sį	oecify:	
<u>Speciali</u>	zed Assessments:					
	Assistive Technology		Audiological Evaluations			
	Medical Evaluations		Neurological Evaluations			
	Neuropsychological Evaluations		Occupational Therapy Evaluations			
	Medical Evaluations		Orientation and Mobility Evaluations			
	Psychiatric Evaluations		Physical Therapy Evaluations			
BILINGU	AL PROFICIENCY:					
P	Possess a NYSED Bilingual Education Extension certificate?		(Circle one)	YESNo	0	
I	Evidence of passing NYSED Bilingual Education Assessment (BEA)?		(Circle one)	YESNo	0	
If yes	s, please specify the language(s).					

NOTE: A copy of your current license, registration, certification (if applicable) including bilingual proficiency (if applicable), and photo ID must be included with this application. DOE employees cannot serve as independent providers on this registry and as such, their names may not be placed on the list.



- INDEPENDENT AGENCY FORM -

Application for PETS Registration/Independent Agency/Evaluator Registry

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 PRINT CLEARLY) NAME OF AGENCY: ______ FAMIS VENDOR NUMBER: _____ 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 **SOCIAL SECURITY #** DATE OF BIRTH THERAPIST'S EMAIL TYPE OF ASSESSMENT NECESSARY) **REQUIRED REQUIRED** REQUIRED SPECIFY LANGUAGE

NOTE: A copy of your current license, registration, certification (if applicable) including bilingual proficiency (if applicable), and photo ID must be included with this application. DOE employees cannot serve as independent providers on this registry and as such, their names may not be placed on the list.

FAX FORM AND DOCUMENTATION TO RITA VENEKAS AT 718-391-8174.