The ASD Nest Program and the ASD Horizon Program are two different special education programs in District 1-32 schools that serve students with autism who have Individualized Education Programs (IEPs). Each program is designed to address needs of students with ASD by strengthening academic and social skills, but have different service delivery models and eligibility criteria. The same application process applies to both ASD Nest and ASD Horizon Programs. For more information on ASD Programs in District 1-32 schools, including admissions criteria, visit NYC DOE Specialized Programs website[1].

Before submitting this ASD Programs application, it is important that school staff and families review and understand the information on the NYC DOE Specialized Programs website[1] regarding the ASD Programs. This information 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 application must be completed and submitted to ASDPrograms@schools.nyc.gov.

Please note: Incomplete forms may delay the eligibility determination process.

Date of Application:	Application for School Year:

Referral Source

Name:	
Title:	
Phone #:	Email:
Relationship to Student: Parent/Guardian Teacher IEP team member Other: _____	

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

  * The parent/guardian must be contacted and must be in agreement with the decision to submit an ASD Programs application. Applications with "no" indicated above will not be accepted.

Student Information

First Name:	Last Name:
Student ID #:	Date of Birth:
Student Address:	Student City/State/Zip:
Current School (DBN or Name of Preschool):	
School Address:	Current Grade:
Parent/Guardian Name:	
Parent/Guardian Email:	Parent/Guardian Phone#:

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
Current Classification (*check one*):	Autism Preschooler with a Disability Other: _____

Current Special Education Program Recommendation: (*select all that apply from either Preschool or School-age*)

Preschool   Special Class

Special Class in an Integrated Setting (SCIS)

Special Education Itinerant Teacher (SEIT)

OR

School-aged (K-12)   Non-specialized (District 1-32)   Integrated Co-Teaching (ICT)

Specialized (District 75)   Special Class

Non-public School (NPS)   Special Education Teacher Support Services (SETSS)

Current Special Education Recommended Related Services: (*select all that apply*)

Speech Therapy   Counseling
Occupational Therapy   Paraprofessional
Physical Therapy   Other: _____

Student Name: _____ **Student ID#:** _____

Psychoeducational Assessment Information

At minimum, prospective students for ASD Programs must have assessments completed in the areas of cognition, academics/achievement, and autism diagnostics. Additional assessment data may also be submitted (e.g., speech, behavior assessments), which will become part of the student's record.

- For students transitioning to kindergarten, applications may be submitted before assessments are complete.
- For students in grades K-5, psychoeducational assessments must be within one year of the application date.
- For students in grades 6-12, psychoeducational assessments must be within three years of the application date.

The school or Committee on Special Education (CSE) IEP Team must ensure that the required assessments are completed for this application. Please contact ASDprograms@schools.nyc.gov with questions regarding needed assessments. Incomplete information may result in delays to the eligibility determination process.

Assessment Type	Name of Assessment	Administration Date	Standard Score / Percentile
Cognitive / IQ (e.g. WPPSI, WISC, DAS, SB, etc.)			
Academic/Achievement			
Autism Diagnostic	CARS ADOS GARS Other: _____		
Other: _____			

Additional Information – Please include any additional, relevant information

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