### NYC AUTISM CHARTER SCHOOL BRONX 2019-2020 School Year Application

NYC Autism Charter Schools (NYCACS) operate two schools, NYCACS Bronx and NYCACS East Harlem. Each school will hold a lottery for students whose birthdate falls between January 1, 2014 and December 31, 2014. Families wishing to apply to NYC Autism Charter School East Harlem must complete and submit a separate application, available on the school's website (www.nycacharterschool.org) or by calling 212 860-2580 x 2062. Parents may apply to both schools but MUST fill out separate applications.

Preference is given based upon the following criteria in the following order:

- 1. Children who have a primary educational classification of autism and/or a medical diagnosis of Autism Spectrum Disorder (ASD) and who are the sibling by birth, adoption, or parental marriage of a child currently enrolled at or admitted to (via the lottery) NYCACS Bronx AND with whom they share a residence.
- 2. Children with a primary educational classification of autism and/or a medical diagnosis of Autism Spectrum Disorder (ASD) AND who reside in Community School District 12.
- 3. Children with a primary educational classification of autism and/or a medical diagnosis of Autism Spectrum Disorder (ASD) who reside outside of Community School District 12.
- 4. Children with no confirmed educational classification of autism and/or medical diagnosis of Autism Spectrum Disorder (ASD) who reside in Community School District 12.

All students, however, regardless of diagnosis and New York State school district of residence may apply and will be considered.

#### **DEADLINE FOR APPLYING**

Please complete the Application Form and submit all documentation (TWO COPIES) by April 1, 2019. While additional information aside from the application form is not required, it is necessary in order to access the lottery preferences listed above. Applications should be sent to 433 E. 100<sup>th</sup> Street, New York, NY 10029. Applications that are incomplete and/or postmarked after April 1, 2019 will NOT be included in the lottery.

**January 1, 2019** – NYCACS Bronx Application Form becomes available on the website.

**April 1, 2019** - Application Form and ALL supporting documents (2 copies of each) must be submitted or postmarked by this date. A letter confirming your application submission will be mailed upon receipt.

May 13, 2019 – Public lottery 9:00 AM at NYC Autism Charter School Bronx.

May 20, 2019– Letters sent informing ALL parents/applicants of lottery outcome including waitlist status.

\*If you are interested in learning more about our program please check the school's website <a href="https://www.nycacharterschool.org">www.nycacharterschool.org</a> or call 212 860-2580 x 2062 for a schedule of open houses.

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Note: Families wishing to apply to the NYC Autism Charter School East Harlem must use the East Harlem application available at <a href="https://www.nycacharterschool.org">www.nycacharterschool.org</a>

In order to facilitate review and processing, please respond to all information requested. If not applicable, insert  $\mathbf{N/A}$  or  $\mathbf{UNKNOWN}$ . Please  $\mathbf{TYPE}$  or  $\mathbf{PRINT}$  responses clearly.

(* Required field)					
*STUDENT'S NAME: (Last name)	(Firs	st name)		(Middle name)	
*Date of Birth:	*Gender: Ma	le	Female		
Primary Educational Classification or Medical I voluntary)	Diagnosis:				(response is
Secondary Educational Classification or Medica voluntary)	l Diagnosis:				(response is
*Home Address:					
*School District:					
Is the applicant attending school now? YES	NO				
<b>STUDENT EDUCATIONAL HISTORY</b> Please list the student's current and/or prev based services.	ious school or a	gency inform	ation, including	pre-school, center b	ased, or home-
Name, Address, Phone Numbers	Dates Attended	Grades Covered	Comments	about the program	
Date of CURRENT IEP/IFSP (If applicable):		(respon	se is voluntary)		
*PARENT/GUARDIAN'S NAME: (Last name)		(First r	amo)	(Middle name)	
,		(rirst r	iailie <i>j</i>	(Mudie Haffie)	
PARENT/GUARDIAN'S NAME: (Last name)		(First r	name)	(Middle name)	
*Phone Number (Cell or best contact number):					

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E-Mail Address:		
*Is a sibling also applying to or currently attending NYC Autism Charter School Bronx?	YES	NO
If yes, please indicate the following:		
	of Birth:	
(Last Name) (First Name)		
OTHER VOLUNTARY DOCUMENTS:  1. Current and past Individualized Educational Plans (IEP's) and/or Individualized Fan  2. Medical and/or educational documentation substantiating your child's diagnosis, (e.g., Medical Evaluation, Neurological Evaluation, or Psychological Evaluation);  3. Evaluation materials (either previously available through your child's school district materials should include a description of the student's current levels of performant receptive/expressive language, and behavior/social skills;  4. Lottery Questionnaire (please see next page below) to be completed teacher/caregiver(s). Multiple questionnaires may be submitted.	classification of au t or as a result of nce related to: add	atism or Autism Spectrum Disorder an independent evaluation). These aptive functioning, communication,
<b>Non-Discrimination Statement:</b> A charter school shall not discriminate against to basis, including on the basis of ethnicity, national origin, gender, disability, intellectual ability, race, creed, national origin, religion or ancestry. A school may not require any test, interview, essay, attendance at an information session, etc.) in order for an admission to that school. However, NYC Autism Charter Schools provide an academic Preferences related to this specialization have been approved by the schools' authorized.	l ability, measures r action by a stude oplicant to either n program specificall	of achievement or aptitude, athletic nt or family (such as an admissions receive or submit an application for ly designed for children with autism.
<b>Legal Compliance Statement:</b> NYC Autism Charter Schools use a random, non-disc in the event that there are more eligible applicants than available seats. This pro- requirements of the New York Charter Schools Act of 1998 (as amended, the "Char Education Act. NYC Autism Charter Schools recognize that, under the Charter Law student's district of residence is responsible for assessing student needs as well as placement for that student. NYC Autism Charter Schools also recognize the responsible needs within its available programs and resources.	cess complies with ter Law") and the , the Committee of determining an ap	h all applicable laws, including the federal Individuals with Disabilities on Special Education (CSE) of each opropriate educational program and

Your signature indicates your agreement that materials contained in your application can be reviewed by the Admissions Review Committee and forwarded to the district Committee on Special Education. Your signature verifies that all information contained in this application is accurate and truthful.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_

Please mail two (2) copies of the following to the address below:

- 1. Signed completed application
- 2. Documents from the Other Documents section listed above
- 3. Any other relevant documents or information

NYC Autism Charter School 433 E. 100<sup>th</sup> Street 2<sup>nd</sup> Floor New York, NY 10029

# THIS IS NOT THE APPLICATION - IT IS A VOLUNTARY SUPPORTING DOCUMENT. PARENTS/GUARDIANS, CAREGIVERS, TEACHERS AND/OR SERVICE PROVIDERS ARE WELCOME TO COMPLETE THIS FORM. YOU MAY SUBMIT MORE THAN ONE COPY.

Applicant Name:	Applicant Age:
Person Completing:	<b>Date:</b>

**Directions:** Please do your best to complete this applicant profile as accurately and thoroughly as possible. If you have questions/comments, write directly on the form.

- 1. Shows independence with toileting and other self care routines
  - a. Not at all independent
  - b. Requires assistance
  - c. Almost independent (still requires some reminders and prompts)
  - d. Independent
- 2. Shows independence with eating and mealtime routines
  - a. Not at all independent
  - b. Requires assistance
  - c. Almost independent (still requires some reminders and prompts)
  - d. Independent
- 3. Demonstrates safety awareness in home and community
  - a. None
  - b. Very limited
  - c. Monitoring required
  - d. Independent
- 4. Tolerates novel or infrequent situations or activities (e.g., haircut, doctor)
  - a. Never
  - b. Infrequently
  - c. Sometimes
  - d. Almost always
- 5. Waits for access to preferred objects or activities (e.g., waits for a cookie)
  - a. Never
  - b. Infrequently
  - c. Sometimes
  - d. Almost always
- 6. Waits for attention from others (e.g., waits for an adult to come play with him/her)
  - a. Never
  - b. Infrequently
  - c. Sometimes
  - d. Almost always
- 7. Looks in response to name (if vocal response, please indicate e.g., says "What?" when name is called)
  - a. Never
  - b. Sometimes
  - c. Most often
  - d. Always

- 8. Follows instructions
  - a. Is not able to follow any instructions
  - b. Follows some simple, single-step instructions
  - c. Follows a large number of simple instructions
  - d. Follows varied, multi-step instructions
- 9. Identifies objects and pictures
  - a. Cannot identify objects or pictures
  - b. Can identify a small number of objects and/or pictures
  - c. Can identify a large number of objects and/or pictures
  - d. Has a large repertoire of object/picture labels, at or above age-level
- 10. Classifies objects and pictures according to categories
  - a. Cannot classify objects/pictures
  - b. Classifies a small number of objects/pictures according to simple categories (e.g., food)
  - c. Classifies a large number of objects/pictures according to simple categories
  - d. Classifies a large number of objects/pictures according to more abstract categories (e.g., things that are sharp)
- 11. Imitates fine and gross motor movements
  - a. Cannot imitate
  - b. Imitates a small number of movements
  - c. Imitates a large number of movements
  - d. Demonstrates generalized imitation (will imitate any movement, even if not specifically trained)
- 12. Demonstrates reading skills
  - a. None
  - b. Limited
  - c. Moderate
  - d. Age-matched
- 13. Demonstrates writing skills
  - a. None
  - b. Limited
  - c. Moderate
  - d. Age-matched
- 14. Demonstrates math skills
  - a None
  - b. Limited
  - c. Moderate
  - d. Age-matched
- 15. Matches objects and pictures
  - a. No ability to match
  - b. Matches identical objects and pictures
  - c. Matches non-identical objects and pictures
  - d. Demonstrates more sophisticated matching (e.g., pictures to objects, text to object)

- 16. Uses vocal communication
  - a. Does not use spoken language
  - b. Uses single words
  - c. Uses some short sentences/phrases
  - d. Uses complex sentences
- 17. Answers questions
  - a. Cannot answer any questions
  - b. Answers basic questions
  - c. Answers more complex questions (e.g., when, why, how)
  - d. Answers age-matched questions (e.g., inference questions, questions related to perspective-taking)
- 18. Asks questions
  - a. Does not ask any questions
  - b. Asks simple questions (e.g., where, what's that)
  - c. Asks more complex questions (e.g., which)
  - d. Asks age-appropriate questions (e.g., why, how)
- 19. Engages in social interactions with adults and peers
  - a. Never/avoids
  - b. Very limited amount
  - c. Sometimes
  - d. Frequently
- 20. Demonstrates leisure/play skills
  - a. No appropriate play skills
  - b. Very limited amount
  - c. Some
  - d. A large repertoire
- 21. Exhibits non-compliant or problem behavior
  - a. Severe
  - b. Moderate
  - c. Mild
  - d. None

*If so, please describe:* 

- 22. Exhibits repetitive, non-purposeful behavior (e.g., hand flapping, spinning objects, lining things up)
  - a. High rates
  - b. Moderate rates
  - c. Low rates
  - d. None

*If so, please describe:* 

- 23. Duration of student's day in 1:1, specialized instruction
  - a. All
  - b. Most
  - c. Part
  - d. Very little

24.	Overal	11	level	of	fui	ncti	oni	ng
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- a. Severe
- b. Moderate
- c. Mild
- d. Age-appropriate
