

**NYC AUTISM CHARTER SCHOOL
BRONX
2021-2022 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, 2016 and December 31, 2016. 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. 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, 2021. 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 NYC Autism Charter Schools 433 E. 100th Street, New York, NY 10029. Applications that are incomplete and/or postmarked after April 1, 2021 will NOT be included in the lottery.

January 1, 2021 – NYCACS Bronx Application Form becomes available on the website.

April 1, 2021 - Application Form and ALL supporting documents (**2 copies of each**) must be submitted or postmarked by this date. An email or letter (if no email address is available) confirming your application submission will be sent upon receipt.

May 14, 2021– Public lottery is held at 10:00AM at NYC Autism Charter School Bronx.

May 24, 2021– Letters are sent informing ALL parents/applicants of lottery outcome including waitlist status.

*If you are interested in learning more about the NYC Autism Charter School model please visit our website www.nycacharterschool.org.

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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 www.nyccharterschool.org

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

(* Required field)

***STUDENT'S NAME:** _____
(Last name) (First name) (Middle name)

*Date of Birth: _____ *Gender: Male _____ Female _____

Primary Educational Classification or Medical Diagnosis: _____ (response is voluntary)

Secondary Educational Classification or Medical Diagnosis: _____ (response is voluntary)

*Home Address: _____

*School District: _____

Is the applicant attending school now? YES _____ NO _____

STUDENT EDUCATIONAL HISTORY

Please list the student's current and/or previous school or agency information, including pre-school, center based, or home-based services.

Name, Address, Phone Numbers Dates Attended Grades Covered Comments about the program

Name, Address, Phone Numbers	Dates Attended	Grades Covered	Comments about the program

Date of CURRENT IEP/IFSP (If applicable): _____ (response is voluntary)

***PARENT/GUARDIAN'S NAME:** _____
(Last name) (First name) (Middle name)

PARENT/GUARDIAN'S NAME: _____
(Last name) (First 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:

SIBLING'S NAME: _____ **Date of Birth:** _____
(Last Name) (First Name)

OTHER VOLUNTARY DOCUMENTS:

1. Current and past Individualized Educational Plans (IEP's) and/or Individualized Family Service Plans (IFSP's) if applicable;
2. Medical and/or educational documentation (e.g., Medical Evaluation, Neurological Evaluation, or Psychological Evaluation) substantiating your child's diagnosis/classification of autism or Autism Spectrum Disorder (this is not mandatory but required for lottery preference);
3. Evaluation materials (either previously available through your child's school district or as a result of an independent evaluation). These materials **should** include a description of the student's current levels of performance related to: adaptive functioning, communication, receptive/expressive language, and behavior/social skills;
4. Lottery Questionnaire (please see next page below) to be completed by the student's parent/guardian and/or current teacher/caregiver(s). Multiple questionnaires may be submitted.

Non-Discrimination Statement: *A charter school shall not discriminate against or limit the admission of any student on any unlawful basis, including on the basis of ethnicity, national origin, gender, disability, intellectual ability, measures of achievement or aptitude, athletic ability, race, creed, national origin, religion or ancestry. A school may not require any action by a student or family (such as an admissions test, interview, essay, attendance at an information session, etc.) in order for an applicant to either receive or submit an application for admission to that school. However, NYC Autism Charter Schools provide an academic program specifically designed for children on the autism spectrum. Preferences related to this specialization have been approved by the schools' authorizer and are permissible.*

Legal Compliance Statement: *NYC Autism Charter Schools use a random, non-discriminatory public lottery process for admitting students in the event that there are more eligible applicants than available seats. This process complies with all applicable laws, including the requirements of the New York Charter Schools Act of 1998 (as amended, the "Charter Law") and the federal Individuals with Disabilities Education Act. NYC Autism Charter Schools recognize that, under the Charter Law, the Committee on Special Education (CSE) of each student's district of residence is responsible for assessing student needs as well as determining an appropriate educational program and placement for that student. NYC Autism Charter Schools also recognize the responsibility to employ best efforts to meet specialized student needs within its available programs and resources.*

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. 100th Street
2nd Floor
New York, NY 10029**

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433 East 100th Street (P.S. 50), New York, NY 10029 • Office 212 860 2580 • Fax 212 860 2960

NYC AUTISM CHARTER SCHOOL
Lottery Questionnaire

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: _____

Date: _____

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

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Lottery Questionnaire**

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)

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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

**NYC AUTISM CHARTER SCHOOL
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24. Overall level of functioning

- a. Severe
- b. Moderate
- c. Mild
- d. Age-appropriate

Other Comments (feel free to attach additional pages):
