NYC AUTISM CHARTER SCHOOL EAST HARLEM

2024-2025 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, 2019, and December 31, 2019. Families wishing to apply to NYC Autism Charter School Bronx 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 on 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 East Harlem.
- 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: If you are applying online, please complete the Application Form and upload all documentation by **April 1, 2024**. If you are submitting a hard copy application, please send your completed application and documentation (**two copies** if mailing in or dropping off a hard copy) to NYC Autism Charter Schools 433 E. 100th Street, New York, NY 10029 by **April 1, 2024**. While additional information aside from the application form is not required, it is necessary to access the lottery preferences listed above. Applications that are incomplete and/or submitted/postmarked after April 1, 2024, will **NOT** be included in the lottery but will be added to the waitlist after names from the lottery have been drawn.

January 1, 2024: NYCACS East Harlem Application Form becomes available on the website.

April 1, 2024: Application Form and all supporting documents (two copies of each if mailing in hard copy) 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 16, 2024: Public lottery for NYC Autism Charter School East Harlem is held at 9:30AM.

May 24, 2024: Letters are sent informing all parents/applicants of lottery outcome including waitlist status.

If you would like to apply to NYC Autism Charter School Bronx you must use the Bronx application available at www.nycacharterschool.org.

Please respond to all information requested.

If not applicable, insert **N/A** or **UNKNOWN**. If you are sending a hard copy, please **PRINT** or **TYPE** responses clearly.

STUDENT INFORMATION (*indicates	s a required field	d)		
*Name:(First Na	nme)			(Last Name)
*Date of Birth:				,
Gender: Male Female		Prefer	not to answer	
Primary Educational Classification or Medi	cal Diagnosis: _			(response is voluntary)
Secondary Educational Classification or Mo				
*Home Address:				
Community School District (if living in NY child for an admissions preference:	C) or School Dis	trict (if living		
STUDENT EDUCATIONAL HISTORY Please list the student's current and/or previous		nformation, inc	cluding pre-school, cer	nter based, or home- based services.
Name, Address, Phone Numbers	Dates Attended	Grades Covered	Comments abo	ut the program
Date of Current IEP/IFSP (if applicable): _		(respon	se is voluntary)	
*Parent/Guardian's Name:	(First Name)		(Last N	lame)
Parent/Guardian's Name:	,		`	,
	(First Name)		(Last N	ame)
*Phone Number (cell or best contact numl	oer):			
E-Mail Address:				
Is a sibling currently attending NYC Autispreference. (circle one) YES NO	sm Charter Sch	ools? Your r	esponse may quali	fy your child for an admissions
If yes, please indicate the following:				
Sibling's Name:(First Name)	(Las	t Name)	Date of Birth:	

	o applying to NYC Autism Chartenissions preference. (circle one)	er Schools for the 2024-2 YES NO	2025 school year? Your response may qualify	your
If yes, please in	ndicate the following:			
Sibling's Name:	: (First Name)	(Last Name)	Date of Birth:	
	(FIRST Name)	(Last Name)		
Current Medica substar lottery Evaluat These commu Lottery teacher	I and/or educational documentation tiating your child's diagnosis/classifi preference); cion materials (either previously avail materials should include a descript inication, receptive/expressive langu Questionnaire (please see next preference).	n (e.g., Medical Evaluation, ication of autism or Autism S lable through your child's scrition of the student's current lage, and behavior/social skil page below) to be comple	dualized Family Service Plans (IFSP's) if applicable; a, Neurological Evaluation, or Psychological Evaluation, or Psychological Evaluation of Psychological Evaluation of Psychological Evaluation of an independent evaluation of the performance related to: adaptive function of the performance related to: adaptive function of the performance of the performance related to: adaptive function of the performance of	uation) red for ation). ioning, current
basis, including of ability, race, cree essay, attendance school. However	n the basis of ethnicity, national origi d, religion or ancestry. A school may e at an information session, etc.) in a	in, gender, disability, intellect not require any action by a order for an applicant to eith ide an academic program sp	ctual ability, measures of achievement or aptitude, a student or family (such as an admissions test, inte her receive or submit an application for admission of pecifically designed for children on the autism spe	athletic erview, to that
students in the enthe requirements Education Act. A student's district placement for that	vent that there are more eligible app of the New York Charter Schools Act NYC Autism Charter Schools recogni of residence is responsible for asses	olicants than available seats. It of 1998 (as amended, the "c Tize that, under the Charter L Sing student needs as well of	non-discriminatory public lottery process for adi This process complies with all applicable laws, inc 'Charter Law'') and the federal Individuals with Disa Law, the Committee on Special Education (CSE) of as determining an appropriate educational progra nsibility to employ best efforts to meet specialized s	cluding abilities of each om and
Admissions Rev		to the District Committe	ed in your application can be reviewed by ee on Special Education. Your signature ver Il.	

Parent/Guardian's Signature: ___ Date: _____

Please upload one copy or, if you are submitting a hard copy application, mail **two (2) copies** of the following to the address below:

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

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

<u>NOTE</u>: 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.

Applicant Name:	Applicant Age:
Person Completing:	Date:

<u>Directions</u>: Please do your best to complete this applicant profile as accurately and thoroughly as possible. If you have additional comments, please write them 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 challenging or disruptive behavior
 - a. Severe
 - b. Moderate
 - c. Mild
 - d. None

If so, please describe:

- 22. Exhibits repetitive behavior that may interfere with learning (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

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

her Comments (feel free to attach additional pages):						

To learn more about the NYC Autism Charter School model and/or attend a virtual open house, please visit our website at www.nycacharterschool.org.