



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

Dear Independent Provider of Special Education Teacher Support Services:

The New York City Department of Education's Children First Networks (CFNs) and Committees on Special Education issue Special Education Teacher Support Services (SETSS) letters to parents whose children are mandated to receive SETSS on their Individualized Education Program (IEP) when the school program the student attends is unable to provide these services.

The New York City Department of Education is compiling a list of agencies/individuals who wish to be placed on the **Special Education Teacher Support Services Independent Provider Municipality**. This list will be shared with parents, schools, CFNs and CSEs to assist in locating an independent SETSS provider. The next update for the Special Education Teacher Support Services Independent Provider Municipality will be **August 2013**.

If you wish to be included on the **Special Education Teacher Support Services Independent Provider Municipality**, 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. These individuals must be fingerprinted by the New York City Department of Education. Please be sure to complete the appropriate form, either the Individual or Agency provider. All required documentation must be attached to the application.

Employees of the NYC Department of Education are not eligible to serve as independent providers and have their names entered on the Municipality List. There are, however, provisions for NYCDOE employees to make application as a DOE SETSS provider in specific shortage areas.

Completed applications and documentation should be emailed to rveneka@schools.nyc.gov or by fax to 718-391-8174 or mailed **no later than Friday, July 26, 2013** to:

New York City Department of Education
OFFICE OF RELATED SERVICES
28-11 Queens Plaza North, Room 508
Long Island City NY 11101
Attention: Rita Venekas



The following documentation is required to be included in the **Special Education Teacher Support Services Independent Provider Municipality**:

- Provisional or Permanent New York State Education Department license in Special Education
- Professional, Initial, or Permanent New York State Education Department certificate in Students with Disabilities (grade specific) or Reading/Literacy
- Internship Certificate in Students or Transitional B Certificate in Students with Disabilities or Reading/Literacy

Evidence of Bilingual Proficiency: The following 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.

Fingerprinting: In order to be included on the Registry, individuals who have not been fingerprinted by the New York City Department of Education since July 1, 1990 must do so. Individuals requiring fingerprinting should report to New York City Department of Education, Office of Related and Contractual Services, 28-11 Queens Plaza North, 4th Floor, Queens NY 11101, Monday through Friday, from 10:00 AM to 2:00 PM. You will then be directed to complete the fingerprinting process at Human Resources, 65 Court Street, Brooklyn, NY 11201. You must bring a copy of your permanent New York State Education Department certification. 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. If fingerprinting is required, there is a one hundred and fifteen dollar (\$115) fingerprinting fee per individual payable to the New York City Department of Education.

The maximum rate allowed by the New York City Department of Education for all Independent non-Department of Education providers of Special Education Teacher Support Services is as follows:

\$41.98 PER HOUR

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

Very truly yours,

Sue Epstein

Sue Epstein, Director
Vendor Registration & Communication
Office of Related Services



- INDIVIDUAL PROVIDER -

Independent Provider of Special Education Teacher Support Services Application Form

This form must be completed by an independent provider of Special Education Teacher Support Services whose name is to appear on the Special Education Teacher Support Services Independent Provider Municipality.

NAME OF INDEPENDENT PROVIDER: _____

Borough(s) in which you are able to Provide Special Education Teacher Support Services (check as many as Appropriate).

ADDRESS: _____

Manhattan Bronx

TELEPHONE NUMBER: _____

Brooklyn Queens

Staten Island

EMAIL (Required): _____ **DATE OF BIRTH: Required)** _____

SOCIAL SECURITY NUMBER (Required): _____

CREDENTIALS:

Possess professional New York State Education Department Certification in:

- Special Education / Student with Disabilities Reading or Literacy
(Grade Specific) _____

BILINGUAL PROFICIENCY:

Possess a New York State Education Department bilingual extension? (specify one) YES NO

Evidence of passing NYS Education Department Bilingual Education Assessment (BEA)? (specify one) YES NO

Evidence of passing a valid language proficiency assessment (LPA?). (specify one) YES NO

If yes, please specify the language(s) for which you have a bilingual extension, BEA and/or Language Proficiency Assessment

NOTE: A copy of your applicable current certificate including bilingual proficiency (if applicable) must be affixed to this form.

DOE employees cannot serve as independent providers and as such, their names may not be placed on the list.



Mail form and documentation to: NYC Department of education, Office of Related Services, 28-11 Queens Plaza North, Room 508, Long Island City NY 11101, Attention: Rita Venekas or by email; to rveneka@schools.nyc.gov.



- AGENCY PROVIDER -

Independent Provider of Special Education Teacher Support Services Application Form

This form must be completed by an independent provider of Special Education Teacher Support Services whose name is to appear on the **Special Education Teacher Support Services Independent Provider Municipality** . **If at any time you wish to add or delete providers, you must complete this form and return it to the DOE (Please type or print all information)**. DOE employees cannot serve as independent provides and as such, their names may not be placed on the list.

NAME OF AGENCY: _____

Borough(s) in which you are able to Provide Special Education Teacher Support Services (check as many as Appropriate).

ADDRESS: _____

- Manhattan Bronx
 Brooklyn Queens

TELEPHONE NUMBER: _____

- Staten Island

TAX ID. NO.: _____

EMAIL (Required): _____

CONTACT NAME: _____

<u>Provider's Name (Complete additional pages as necessary)</u>	<u>Social Security # Required</u>	<u>Date of Birth Required</u>	<u>Therapist's Email Required</u>

NOTE: A copy of a current license, registration, certification (if applicable) including bilingual proficiency (if applicable) must be affixed to this form for each therapist



Mail form and documentation to: NYC Department of Education, Office of Related Services, 28-11 Queens Plaza North, Room 508 Long Island City, NY 11101 Attention: Rita Venekas or by email; to rveneka@schools.nyc.gov