**Application Instructions for PHC-10 Application to the Commissioner of Education for Approval for an Evaluation to Attend a New York State-Operated School**

**INSTRUCTIONS**

1. Please PRINT or TYPE the information on this application.

2. Submit the following medical documentation with this application:

**For a child with Blindness, a minimum of one of the following documents must be submitted:**

Current ophthalmologic examination, administered within the last 12 months;

New York State Commission for the Blind and Visually Handicapped (CBVH) report indicating legal Blindness

**For a child with Deafness, submit:**

Current audiogram, administered within the last 12 months

3. Submit the following school/educational information with this application (if available; if your child is currently in a preschool or school age program for children with disabilities):

Current Individualized Education Program (IEP)

Physical examination report

Psychological examination/report

Social history

Any additional appropriate information

**Application Submission Information**

While electronic submissions are preferred, NYSED’s e-mail server cannot guarantee secure transmittal of e‑mail messages at this time. Please consult with your Information Technology staff and if your e-mail server allows for transmitting electronic messages securely via Transport Layer Security (TLS) protocols, you can submit applications electronically. If you cannot send an e-mail securely via TLS, in order to protect student confidential information, you must mail or fax the application. Select one method for submission (e-mail or mail or fax).

**E-mail (if transmitting via TLS):**

NYSSBNYSSD@nysed.gov

**OR**

**Mail to:**

New York State Education Department

Special Education Quality Assurance

Nondistrict Unit, Room 309 EB

89 Washington Avenue

Albany, New York 12234

Attn: State-operated PHC-10 application

**OR**

Fax: (518) 473-5769

For further assistance in completing this application, please contact the Nondistrict Unit at (518) 473‑1185 or [NYSSBNYSSD@nysed.gov](mailto:NYSSBNYSSD@nysed.gov).

**PHC-10 Application to the Commissioner of Education**

**for Approval for an Evaluation to Attend a New York State-Operated School**

State-operated school (indicate which school you are requesting to conduct an evaluation:

New York State School for the Blind (NYSSB)

New York State School for the Deaf (NYSSD)

1. Child’s Name: Click here to enter text.

(Last/First/Middle)

2. Date of Birth: Click here to enter a date. Gender:  F  M

3. Parents/Guardians Names: Click here to enter text.

4. Address (include apartment number, if applicable):

Click here to enter text.

(Street/City/State/Zip Code)

County of Location: Click here to enter text.

5. Telephone Number: Click here to enter text.

(Area Code)(Telephone Number)

6. Name of School District of Residence: Click here to enter text.

7. Is the child a resident of New York State?  Yes  No

If no, explain: Click here to enter text.

8. Indicate the dominant language used in the home: Click here to enter text.

What additional languages (if any) are spoken in the home? Click here to enter text.

9. Indicate **current** educational placement of child.

Name of School District/BOCES: Click here to enter text.

Telephone Number: Click here to enter text.

(Area Code)(Telephone Number)

Program Administrator: Click here to enter text.

Address: Click here to enter text.

(Street/City/State/Zip Code)

10. Indicate child’s primary disability (*check only one*)

a. Primary Disabling Condition (*check only one*)

Deafness  Blindness  Deaf-blindness

b. If child has multiple disabilities (*check all that apply)*

Autism  Orthopedic Impairment

Emotional Disturbance  Other Health Impairment

Hearing Impairment  Speech or Language Impairment

Intellectual Disability  Traumatic Brain Injury

Learning Disability  Visual Impairment

Application Completed By: Click here to enter text.

Title: Click here to enter text.

Place of Employment: Click here to enter text.

(if completed by someone other than parent)

Telephone: Click here to enter text.

(Area Code)(Telephone Number)

Signature of parent/legal guardian:

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Date: Click here to enter a date.



**For NYSED Office Use Only**

Date Received:

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Signature Date