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.

October 19, 2015
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:

________________________________________________________________________________

Date: [Click here to enter a date.]

For NYSED Office Use Only

Date Received:

__________________________________________        ______________________
Signature                                      Date