Academic, Career, and Essential Skills (ACES) Programs are special education classes that support students who are classified with Intellectual Disability (ID) or Multiple Disabilities (MD) and who participate in New York State Alternate Assessment (NYSAA). ACES Programs provide an opportunity to learn academic, work, and independent living skills in a District 1-32 school. For more information on ACES Programs in District 1-32 schools, including admissions criteria, visit the NYC DOE website.

Before submitting this ACES Program application, it is important that school staff and students' families review and understand the information in the ACES Family Guide. The ACES Program Guide provides an overview of the ACES Program as well as information about student eligibility criteria. If school staff and the family reasonably believes that the ACES Program might be appropriate for a student, this application must be completed in its entirety and submitted to ACESPrograms@schools.nyc.gov.

Application for School Year:

Please note: Incomplete forms may delay the eligibility determination process.

eferral Source						
Name:						
Title:						
Phone #:			Email:			
Relationship to Student:		IED :		Oil		
Parent/Guardian	Teacher	IEP team	n member	Other:		
as the parent/guardian a	agreed to sub	omit an ACE	S Program	application?	YES	NO*
	hove will not be	_	ent with the de			
pplications with "no" indicated a	above will not be	_	Last Name:			
pplications with "no" indicated a tudent Information First Name:	above will not be	_	Last Name:			
pplications with "no" indicated a	above will not be	_				
pplications with "no" indicated a tudent Information First Name:	above will not be	_	Last Name: Date of Birt			
pplications with "no" indicated a tudent Information First Name: Student ID #:		accepted.	Last Name: Date of Birt	h:		
pplications with "no" indicated a tudent Information First Name: Student ID #: Student Address:		accepted.	Last Name: Date of Birt	h:		

Date of Application:

Division of Specialized Instruction and Student Support Academic, Career, and Essential Skills (ACES) Program Application

Parent/Guardian Email:				Parent/Guardian	Phone#:	
Student Name:				Student ID#:		
This student currently has	an Individual	ized Education Pr	ogram (II	EP) (check one):	YES	NO*
If the student currently has section of this application. the information requested.	Families submi	tting this application			•	
Individualized Education Date of Most Recent IEP:	Program Infor	mation				
Status of Current IEP (check	one):	DRAFT	FINAL			
Participation in Alternate As		YES	NO			
Current Classification (chec	k one):	Intellectual Di Multiple Disa Other Health Other:	bilities Impairmer	nt		
Current Special Education (select all that apply from either						
<u>Preschool</u>	Special Clas Special Clas					
		OR				
School-aged (K-12)	Specialized	lized (District 1-32) (District 75) School (NPS)		Integrated Co-Te Special Class Special Education Services (SETS	n Teacher Supp	oort
Current Special Education	Recommended	Related Services: (se	elect all that	apply)		
	Speech Ther Occupationa Physical The	l Therapy		Counseling Paraprofessional Other:		

Division of Specialized Instruction and Student Support Academic, Career, and Essential Skills (ACES) Program Application

Student Name <u>:</u>		Student ID#:				
Psychoeducational Assessment Information At minimum, prospective students for the ACES Program must have assessments completed within the past three years, in the areas of cognition, academics/achievement, and adaptive behavior. All assessments must have been completed prior to submission of the ACES Application. The school or CSE Team must ensure that the required assessments are completed for this application. Incomplete information may result in delays to the ACES eligibility process.						
Assessment Type	Name of Assessment	Administration Date (mm/dd/yy)	Std. Score / Percentile			
Cognitive/IQ (e.g. WPPSI, WISC, DAS, SB)		(Hilli) dd/yy)	Verbal			
			Non-Verbal			
			FSIQ			
Academic/Achievement			Reading			
			Math			
Adaptive Behavior Scale (e.g. VABS-II, ABAS)			Communication			
			Daily Living Skills			
			Socialization			
			Composite			
Other:						
(e.g. GARS, Conners)						
Additional Information –	Please include any addition	nal, relevant information				