



The ASD Nest Program and the ASD Horizon Program are two different special education programs in District 1-32 schools that serve certain students with autism who have Individualized Education Programs (IEPs). Each program is designed to address needs of students with ASD by strengthen academic and social skills, but have different service delivery models and eligibility criteria. The same application process applies to both ASD Nest and ASD Horizon Programs. For more information on ASD Programs in District 1-32 schools, including admissions criteria, visit [NYC DOE website](#).<sup>1</sup>

Before submitting this ASD Programs application, it is important that school staff and families review and understand the information in the [ASD Program Guide](#).<sup>2</sup> The ASD Programs Guide provides an overview of the ASD Nest Program and the ASD Horizon Program as well as information about admissions criteria. If school staff and the student’s family reasonably believe that an ASD Program might be appropriate, this application must be completed in its entirety and submitted to [ASDPrograms@schools.nyc.gov](mailto:ASDPrograms@schools.nyc.gov).

**Please note: Incomplete forms will not be accepted and may delay the eligibility determination process.**

<b>Date of Application:</b>	<b>Application for School Year:</b>
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**Referral Source**

Name:	
Title:	
Phone #:	Email:
Relationship to Student: <div style="display: flex; justify-content: space-between; padding: 0 10px;"> <span>Parent/Guardian</span> <span>Teacher</span> <span>IEP team member</span> <span>Other: _____</span> </div>	

**Has the parent/guardian agreed to submit an ASD Programs application?** **YES**      **NO\***

\* The parent/guardian must be contacted and must be in agreement with the decision to submit an ASD Programs application. Applications with “no” indicated above will not be accepted.

**Student Information**

First Name:	Last Name:
Student ID #:	Date of Birth:
Current School (DBN or Name of Preschool):	
School Address:	Current Grade:

Parent/Guardian Name:	
Parent/Guardian Email:	Parent/Guardian Phone#:

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**This student currently has an Individualized Education Program (IEP) (check one):**      **YES**      **NO\***

If the student currently has an IEP or is in the special education evaluation process, please complete the next section of this application. Families submitting this application should work with their child’s IEP team to provide the information requested.

**Individualized Education Program Information**

Date of Most Recent IEP:		
Status of Current IEP (check one):	DRAFT	FINAL
Participation in Alternate Assessment:	YES	NO
Current Classification (check one):	Autism Preschooler with a Disability Other: _____	
Current Special Education Program Recommendation: (select all that apply from either Preschool or School-age)		
<u>Preschool</u>	Special Class Special Class in an Integrated Setting Special Education Itinerant Teacher (SEIT)	
<b>OR</b>		
<u>School-aged (K-12)</u>	Non-specialized (District 1-32) Specialized (District 75) Non-public School (NPS)	Integrated Co-Teaching Special Class Special Education Teacher Support Services (SETSS)
Current Special Education Recommended Related Services: (select all that apply)		
	Speech Therapy Occupational Therapy Physical Therapy	Counseling Paraprofessional Other: _____

**Student Name:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

**Psychoeducational Assessment Information**

At minimum, prospective students for ASD Programs must have assessments completed in the areas of cognition, academics/achievement, and autism diagnostics. Additional assessment data may also be submitted (e.g., speech, behavior assessments), which will become part of the student’s record.

- For students transitioning to kindergarten, applications may be submitted before assessments are complete.
- For students in grades K-5, psychoeducational assessments must be within one year of the application date.
- For students in grades 6-12, psychoeducational assessments must be within three years of the application date.

The school or CSE IEP Team must ensure that the required assessments are completed for this application. Please contact [ASDprograms@schools.nyc.gov](mailto:ASDprograms@schools.nyc.gov) with questions regarding needed assessments. Incomplete information may result in delays to the eligibility determination process.

Assessment Type	Name of Assessment	Administration Date	Standard Score / Percentile
Cognitive / IQ (e.g. WPPSI, WISC, DAS, SB, etc.)			
Academic/Achievement			
Autism Diagnostic	CARS            ADOS GARS            Other: _____		
Other: _____			

**Additional Information** – Please include any additional, relevant information

<sup>1</sup> NYC DOE Website, Special Education, Supports & Services, Specialized Programs:  
<https://www.schools.nyc.gov/learning/special-education/school-settings/specialized-programs>

<sup>2</sup> Family Resource Guide:  
<https://cdn-blob-prd.azureedge.net/prd-pws/docs/default-source/default-document-library/asd-family-resource-guide-english.pdf>

<sup>3</sup> CSE contact: <https://www.schools.nyc.gov/learning/special-education/help/contacts-and-resources>