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.

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
☐ Emotional Disturbance
☐ Hearing Impairment
☐ Intellectual Disability
☐ Learning Disability
☐ Orthopedic Impairment
☐ Other Health Impairment
☐ Speech or Language Impairment
☐ Traumatic Brain Injury
☐ 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