

What to Do When Your Child is Not Receiving Related Services or SETSS



PRESENTED BY:

**JANYLL CANALS-KERNIZAN, DIRECTOR
ANNA BREHM, ADVOCATE**

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Advocates for Children of New York
Protecting every child's right to learn



Today's Training



- Introduction
- What Are Related Services? What is SETSS?
- Obtaining Related Services/SETSS at School
- Related Services Agreements (RSAs) & P4s
- Filing an Impartial Hearing Request for Services





What is Advocates for Children (AFC)?



AFC is an independent agency that protects the educational rights of all NYC students

Our Services:

- Helpline: **1-866-427-6033** (Mon-Thurs, 10am – 4pm)
- Guides and resources: www.advocatesforchildren.org
- Workshops and trainings
- Free legal services to low-income families

What Are Related Services?



Related Services are supports on your child's Individualized Education Program (IEP).



What about Special Education Teacher Support Services (SETSS)?



- Special Education Teacher Support Services (SETSS) are support sessions with a special education teacher for students grades K-12
 - Group setting (5-8 students typically)
 - Individual
- SETSS for English Language Arts (ELA) or Math
- Schools **MUST** provide SETSS if on the IEP
- Students may not receive their SETSS because
 - School does not have provider
 - Provider does not have space in their schedule
 - School does not have a provider in the language required by IEP



Where Can Students Receive Related Services/SETSS?



- Students are required to receive related services/SETSS if recommended on their IEP
- Students can attend any type of classroom in a DOE school, charter school or state-approved non-public school
 - General education classroom
 - Integrated Co-Teaching classroom
 - 12:1+1, 12:1, 15:1
- Students in preschool can receive related services recommended by their IEP at any preschool program



Targeting Areas of Need



- Related services/SETSS should target your child's area of needs and help them make progress in these areas
- Goals must be created for each related service to identify areas of need and monitor progress over the school year
 - Goals must be specific, measurable and have target marks required
- If you have a specific area of concern, make sure your child's IEP includes a goal to target this area of concern
 - Example: Including executive functioning goals for students with ADHD as an OT goal
 - Example: Including feeding goals for students as either an OT or Speech goal
 - Example: Including specific decoding goal for struggling readers for SETSS

Is My Child Receiving Their Related Services or SETSS?





NYCSA



Sign In



Families of current K-8 students: The Summer Rising application window opens on April 17! Summer Rising is a free, full-day summer program for grades K-8 that combines academic and enrichment activities. Visit nyc.gov/SummerRising to learn more about the program and to apply for a seat. The application window closes on May 1.

NYC Schools Account

Welcome NYC Parent or Guardian!

Your NYC Schools Account is your gateway to family-facing technology to support and track your children's progress through public school education at the NYC Department of Education. Open an account today to apply to schools, track your children's progress from Pre-K through high school graduation, and get access to other digital content for New York City families exclusively available to NYC Schools Account holders!

Opening a NYC Schools Account is the first step towards becoming more involved in your student's education. Receive updates via text messages or email about school closures, emergencies, and upcoming events. Link your students and start monitoring things like grades, test scores, attendance.

[Sign In](#)

[Create New Account](#)

[Forgot your password?](#)

[Learn More](#)

[Add to Phone](#)

What to do if Your Child is Not Receiving Services



If School does not respond or says they cannot provide the related service:



What to do if Your Child is Not Receiving Services



Gia is supposed to get individual speech therapy twice per week. At the beginning of the school year, the school told Gia's mother they did not have a speech therapist. Gia's mother reached out to the ASE.

What should Gia's mother request?

Speech during the school day as required by Gia's IEP

Gia begins receiving speech at school in December.

How can Gia get the services she missed in September – December?

Gia's mother can ask the ASE and school to allow Gia to receive an extra session of speech per week at school until she has received all her missed sessions.



What to do if Your Child is Not Receiving Services



Saturday Academy



What to do if Your Child is Not Receiving Services



What if Gia's school cannot provide her with speech therapy at school because they do not have a provider?

Or

What if Gia's school cannot provide her with the extra make up sessions during the school week?

Schools should give the family a Related Service Agreement (RSA) to obtain services, typically outside of the school day.

For SETSS, schools should give the family a P4 to obtain services, typically outside of school



Related Service Agreements (RSAs) & P4s



Voucher that pays for related services with a DOE approved provider

School cannot provide the related service during the school day

Student is owed sessions of a related service that cannot be added to their school day

Charter school does not have the related service



Related Service Agreements (RSAs)



RSA - 1 Form Related Service Individual Authorization

Dear Parent/Guardian:

05/09/2022

Your child has been recommended for the Related Service listed on this form. The New York City Department of Education is currently unable to provide this service. You may, therefore, obtain this service from an independent provider, without cost to you.

Enclosed, please find:

- Form-RSA-2, The Related Service Authorization Form - To be completed by you, the independent provider you select, and returned to the address above.
- Form-TRV-1, Parent/Guardian Transportation Reimbursement Voucher for Special Education Services. To be completed (where applicable) by you, the independent provider you select, and returned to the address above.
- Frequently asked Questions & Answers regarding the RSA process that will help guide you through this process.
- Registry of Independent Providers of Related Services. These Registries are also available on the Department of Education Web site at: <https://www.schools.nyc.gov/special-education/supports-and-services/related-services/finding-an-independent-provider>

The DOE will continue to make every effort to provide this service to your child. As part of these efforts, the DOE will work with you to obtain an independent provider. The liaison listed on the Related Services Authorization form (RSA) will reach out within ten school days to offer assistance. Upon your request, they will:

- call providers to determine their availability, and
- provide guidance and/or assistance on completing a transportation voucher

In addition, the liaison will reach out to you periodically until your child's related services are in place.

Once a provider is identified and has started providing services to your child, you may request make-up services by contacting your RSA Liaison and/or emailing BronxMakeups@schools.nyc.gov.

Finally, you may request additional assistance and/or information regarding the RSA process, including how to make a complaint, by contacting your RSA Liaison, calling 311, or emailing relatedservices@schools.nyc.gov.

For more information on these supports, see the Procedural Safeguards Notice on our website at: <https://www.schools.nyc.gov/learning/special-education/helpyour-rights>.

Sincerely,

[Redacted Signature]

RE: [Redacted]

NYC ID Number: [Redacted]

School: [Redacted]

Related Services Recommended: Speech-Language Therapy

No. of Sessions: 2 / Weekly

Length Session: 30 Minutes

DOB: [Redacted]

District: [Redacted]

Language: ENGLISH

Group Size: 1

If you need help understanding the enclosed information, please telephone the New York City Department of Education at [Redacted]

RSA form – must be signed by parent and provider

Transportation Reimbursement

FAQs

Registry of Independent Providers



P4



AUTHORIZATION FOR INDEPENDENT SPECIAL EDUCATION TEACHER SUPPORT SERVICES (FORM P-4)

Date of Issuance: [Redacted]

Dear Parent/Guardian: Your child has been recommended to receive Special Education Teacher Support Services (SETSS). The DOE is currently unable to assign a SETSS provider to serve your child. As a result, your child may receive SETSS from an eligible independent provider at no cost to you. Enclosed please find a listing of eligible providers. If you need assistance locating a provider, or if you have any questions, please contact the DOE person listed in Section 1 of this form.



When you have located a provider, complete and sign Section 2 of this form; instruct the provider to complete and sign Section 3; and return the completed form to the address in Section 1.

The listing is also available at <http://schools.nyc.gov/Academics/SpecialEducation/programs/environment/setss.htm>. You may select a SETSS provider other than those listed, but the provider must register with the DOE before being authorized to begin service. (An application is available on the DOE website at the page noted above.)

SECTION 1 (to be completed by DOE staff)
 Issuing Office: Office of Superintendent Fred Walsh/Manhattan NYDOE Special Education Team Contact Person: [Redacted]
 Mailing Address: 333 7th Avenue, 7th Floor, NY NY 10001
 Phone Number: [Redacted] Email Address: [Redacted]

Student Name: [Redacted]
 NYC ID: [Redacted]
 Date of Birth: [Redacted]
 School: [Redacted]
 Notes (include reason for issuing - e.g., make-up, hearing order, etc.): [Redacted]

Total hours: [Redacted] Maximum Weekly Hours: [Redacted]
 English: [Redacted]
 Language: [Redacted] Maximum Group Size: [Redacted]
 Service may not begin before: [Redacted]
 and may not continue beyond a total of [Redacted] hours, or beyond [Redacted] or any other date specified by the DOE.
 Other Requirements: Enhanced Rate of \$175

SECTION 2 (to be completed by parent/guardian)
 Parent / Guardian Name: [Redacted] Phone: [Redacted] home work cell
 Email: [Redacted] Phone: [Redacted] home work cell

Name of SETSS Provider: [Redacted]
 SETSS will be provided at: student's school student's home provider's place of business other [Redacted]
 Student's School (if other than listed above) [Redacted] Address of Service (if other than student's school) [Redacted]

I am the parent/guardian of the student named on this form. I agree and understand that:
 1. Service must be provided by the provider named on this form, who must be certified as a special education or literacy teacher for my child's age group. If at a later date I wish to select a different provider, I must request a new form from the Issuing Office in Section 1.
 2. Service must be provided in accordance with Section 1 and Section 3 Item 6.
 3. My child's educational records may be shared by the Department of Education with the provider and agency named on this form.
 4. I will not provide any payment or other compensation to the provider and/or agency named on this form.

Signature of Parent/Guardian [Redacted] Printed Name [Redacted] Date Signed [Redacted]

Student Name: [Redacted] AUTHORIZATION FOR INDEPENDENT SETSS (P-4)
 NYC ID: [Redacted] Date of Issuance: [Redacted]

Independent SETSS provider: Complete and sign Section 3, below. If you are not registered as an independent SETSS provider, go to <http://schools.nyc.gov/Academics/SpecialEducation/programs/environment/setss.htm> to find an application. You will not be authorized to provide services until you have completed the registration process.

SECTION 3 (to be completed by independent SETSS provider)

Professional Title / Discipline: [Redacted] SSN: [Redacted]
 NYS License / Certificate #: [Redacted] Phone: [Redacted] home work cell
 Email: [Redacted] Phone: [Redacted] home work cell
 Mailing Address: [Redacted]

(complete this section only if you are employed by an agency that will receive payment for these services)
 Agency Name: [Redacted] EIN: [Redacted]
 Street Address: [Redacted] Contact Person: [Redacted]
 City, State and Zip: [Redacted] Phone: [Redacted] Email: [Redacted]

- As the Provider and Agency, I/we agree to / understand that:**
1. Serve the student in accordance with Section 1 of this form, at the location noted in Section 2. (Note: a "week" is defined as beginning Monday and ending Sunday.)
 2. End services in accordance with the limitations in Section 1 and inform the parent immediately if I am unable to continue providing services for the duration of this authorization.
 3. Obtain security clearance from the DOE, including background and fingerprint checks before an actor may begin; obtain such clearance for all personnel with access to the Student's records before such access is granted; and maintain all clearances for the full duration of service provision and/or access to student records.
 4. Maintain weekly progress notes, submit a Student Progress Report upon request, attend IEP conferences and complete the appropriate pages of the IEP, all at no cost to the DOE.
 5. Maintain daily attendance records in a manner and format prescribed by the DOE and participate in the collection of data/information as needed by the DOE at no additional cost to the DOE. All records that support service provision, including provider/employer/consultant timesheets and payroll records, must be maintained for 6 years from the latest of a) the date the record was created; b) the date of authorization of this form; or c) the date of termination or entry into DOE systems, or longer if specifically required by the DOE, and must be produced timely for audit or review upon request from the DOE or its designee and/or a duly authorized external agency. Failure to maintain supporting documentation may result in recoupment of payments.
 6. Wherever possible, provide services only on days when school is in session for students. Services may in no case begin prior to 8:00 AM, and must end no later than the following: 8:00 PM for students in grades K - 2; 9:00 PM for students in grades 3 - 5; and 10:00 PM for students in grades 6 - 12.
 7. The daily and weekly number of hours provided may not exceed the numbers stated in Section 1. Any services provided as "make-up" are subject to the same limits.
 8. Accept no more than the maximum rate allowed as payment in full for these services. This rate is for direct service only and is dependent on the number of students that are served in one session as indicated on the rate schedule. As of October 1, 2013, hourly rates are: 1 student / \$41.08; 2-5 students / \$58.56; 6-10 students / \$76.04; 11-15 students / \$93.52; 16-20 students / \$111.00. (The current rate schedule is available at <http://schools.nyc.gov/OfficeofEnterpriseandOperationalEfficiency/OfficeofSpecialEducation/Contract2.htm>.)
 9. Make no requests to the parent/guardian for payment for services provided pursuant to this authorization, and accept no such payments.
 10. Invoices pursuant to this agreement must be submitted electronically on a monthly basis through a system designated by the DOE in the format specified by the DOE, and dates of initiation and termination of service must be submitted directly to the DOE in a format specified by the DOE. The DOE reserves the right to reject payment if an invoice is submitted later than 90 days after the end of the month in which services were provided.
 11. Carry higher level professional malpractice/liability insurance.
 12. Ensure that the provider's certification and registration remain current for the full duration of service provision. Note that NY certificates issued after February 2, 2004 are grade range specific. Providers may only serve students in grades for which they are certified. Providers with certificates issued prior to February 2, 2004 may serve students in all grades.
 13. Protect and not disclose to third parties any student data, or other confidential information, unless required by law or court order, and comply with FERPA and Chancellor's Regulation A-80, governing access to and disclosure of student information (available at [http://doe.ny.gov/html/documents/dsweb/Reg/Document-44\(A-80\).pdf](http://doe.ny.gov/html/documents/dsweb/Reg/Document-44(A-80).pdf)).
 14. Adhere to New York City Charter Chapter 88 Conflicts of Interest Rules (available at <http://www.nyc.gov/html/conflicts/html/chapter88.html>). Note that the Provider may not be the Student's relative or near relative as that term is defined in Chancellor's Regulation C-131 (available at [http://doe.ny.gov/html/documents/dsweb/Reg/Document-56\(C-131\).pdf](http://doe.ny.gov/html/documents/dsweb/Reg/Document-56(C-131).pdf)).
 15. Pursuant to the New York City Conflict of Interest Board (NYCOIB) Rules, a current full-time employee of the DOE cannot provide services under this Authorization, unless all the services are covered by the mass waiver granted by the NYCOIB, or by an individual waiver granted by the NYCOIB based on a request from the DOE. Part-time DOE employees need individual waivers. Individuals who leave the employ of the DOE, including those performing "SP" status or other part-time work, may not provide services under this Authorization for one full year after leaving the DOE unless they obtain an individual waiver from the COIB.
 16. If the Provider/Agency's aggregate business with the DOE during any twelve month period is projected by the DOE to exceed \$10,000, the Provider/Agency must complete FINEX Questionnaires, submit them to the NYC Mayor's Office of Contract Services (see <http://www.nyc.gov/html/mocs/html/finex/questionnaires.html>) and enter into a standard contract with the DOE. (To obtain the necessary documents, contact VendorOnline@schools.nyc.gov or call (718) 615-2103.) The Provider/Agency agrees that it is not entitled to payment during any twelve month period in excess of \$10,000 without entering into such an agreement.
 17. If the Provider/Agency fails to fully adhere to any of the above-stated conditions, the DOE reserves the right to withhold payment for services. The DOE reserves the right to the right to withhold payment if there is any dispute with the Provider, the Agency or affiliated entity.
 18. The DOE shall have the right to terminate this Authorization upon 10 days prior written notice to the Provider/Agency.

Signature of SETSS Provider [Redacted] Printed Name of SETSS Provider [Redacted] Date Signed [Redacted]
 Signature of Agency Representative (if applicable) [Redacted] Printed Name of Agency Representative [Redacted] Date Signed [Redacted]

THIS FORM IS NOT VALID UNTIL THIS SECTION IS COMPLETED BY THE NYC DEPARTMENT OF EDUCATION

Date Form Received	Authorizer Signature	Authorizer Name and Office	Date Mailed to Provider	Confirmation Number



Related Service Agreements (RSAs) & P4s



Issued by the School or CSE



Includes form to request MetroCards to travel to/from service



Families receive a list of DOE-approved providers that accept RSAs/P4s



RSA/P4 let families find their own provider(s) by contacting providers on the list





Common Issues with RSAs/P4



Provider does not answer the phone or does not return calls/emails

Provider will not accept RSA/P4 hourly rate

- Require a higher or enhanced rate

Provider has a full schedule and cannot take on a new student

Provider is not available

Provider no longer accepts RSAs/P4s

Provider does not have experience necessary to meet the child's needs



Related Service Agreements (RSAs) & P4s



I cannot find a provider. What now?

Document everything!



Related Services Agreements (RSAs) & P4s



Related Service Agreements (RSAs) & P4s





How to Find Providers



- Ask any services providers working with your family
 - Evaluators, social workers, doctors etc.
- Contact hospitals and clinics in your area
- Speak to staff at your child's school
- Reach out to private special education schools in your area
- Contact private therapists or service agencies in your area

Impartial Hearing Request for Services



***Problem and Proposed Solution
to the Described Problem Section***

Impartial Hearing Request for Services



Problem and Proposed Solution to the Described Problem Section



Impartial Hearing Request for Services



Submit form via email: ihrequest@schools.nyc.gov and speced@nysed.gov

Submit form via fax: 718-391-6181

- Keep copy for yourself with fax confirmation!

Impartial Hearing Request form in Other Languages

- <https://www.schools.nyc.gov/learning/special-education/help/impartial-hearings>

Impartial Hearing Request for Services





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For additional trainings please visit our YouTube

<https://www.youtube.com/@AFCNewYork>

Special Education (K-12)

Preschool Special Education/Turning 5 Process

Behavioral Supports for Students with Disabilities

Application Process for 3K, Pre-K and Kindergarten

For education resources please visit our website

https://www.advocatesforchildren.org/get_help/guides_and_resources



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