

## AIMS Program Application

AIMS (Acquisition, Integrated Services, Meaningful Communication, and Social Skills) is a special education program in select District 75 schools that serves students with a diagnosis and/or disability classification of autism. Each AIMS classroom has a special education teacher, a speech teacher, and a classroom paraprofessional. Instruction is provided both individually and in small groups using Applied Behavior Analysis (ABA) and Verbal Behavior (VB) techniques. ABA uses a scientific approach to understand and improve socially significant behaviors and learning. VB uses the principles of ABA to teach communication and language. For more information on the AIMS Program, including admissions criteria, visit [NYCDOE website](#).

Before submitting this AIMS Programs application, it is important that school staff and families review and understand the information in the AIMS Program Family Resource Guide, which provides an overview of the AIMS Program, as well as information about admissions criteria. If school staff and the student's family reasonably believe that an AIMS Program might be appropriate, this application must be completed in its entirety and submitted to [AIMSprogram@schools.nyc.gov](mailto:AIMSprogram@schools.nyc.gov).

**The AIMS program will accept applications for students who will be entering kindergarten next school year, or who are currently in kindergarten or 1<sup>st</sup> grade.**

Date of Application: \_\_\_\_\_ Application for School Year: \_\_\_\_\_

Has the parent/guardian agreed to submit an AIMS Program application? YES \_\_\_\_\_ NO\* \_\_\_\_\_

\*The parent/guardian must be contacted and must be in agreement with the decision to submit an AIMS Program 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 (Child must be in grades PreK-1): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Parent/Guardian Phone #: \_\_\_\_\_

## Referral Source (Who is completing this application?)

Name: \_\_\_\_\_

Relationship to Student:

Parent/Guardian     Teacher     IEP Team Member     Other (specify) \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Title (if other than parent) \_\_\_\_\_

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

If the student does not currently receive IEP services, the AIMS Program will provide support to the family and the child's current school (if they are attending school) through the initial referral process.

### Additional Information

Please include any additional, relevant information that may be relevant to this AIMS Program application.

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### AIMS Program Eligibility Summary

The AIMS Program is intended to support students who have been identified with Autism Spectrum Disorder (ASD) and demonstrate needs, often substantial in nature, across a range of developmental and functional domains. Students eligible for placement in an AIMS Program typically demonstrate needs in the areas of cognition, achievement, socialization, language/communications skills, and behavior. The AIMS Program Family Resource Guide contains more information about the AIMS Program, evaluation process, and student eligibility criteria.

After the application is submitted, the AIMS Program will collaborate with the school and/or provider(s) to ensure that all necessary assessments are recent.