



2025-2026 NYCPS Request for Enhanced Rate Equitable (IESP) Services Parent Affidavit

Note: In order for your child to be eligible for IESP services for the 2025-2026 school year, you must have submitted to your Committee on Special Education (CSE) a Parental Notice of Intent (PNI) requesting services no later than June 1, 2025 unless you are new to the district or your child was recently identified as eligible to receive special education services. If you did not submit a timely PNI or qualify for an exception, your child is not entitled to services, and you should not submit this request. If your child is first identified as eligible to receive special education services after June 1, 2025 and before April 1, 2026, you must submit your PNI within thirty days after your child is first identified. Any PNI received after an initial eligibility determination made April 1, 2026 or later shall be deemed a request for the next school year (2026-2027 School Year).

The Enhanced Rate Equitable Services Unit accepts requests related to services to be provided during the ten-month school year (September to June). All requests related to Extended School Year services and/or Compensatory Services should be directed to the CSE.

Instructions: To request payment for services at an enhanced rate, please prepare and submit the following documents via the online request form. (Retain original copies of any affidavits that you upload. NYCPS may request them for review.)

- This Parent Affidavit (one per child);
- A Provider Affidavit from each of your child's providers for whom you are seeking an enhanced rate;
- For each provider who is being paid through an agency, an Agency Affidavit from the agency, if the rate paid to the agency exceeds the rate paid to the provider;
- All invoices, proof of payment, and contracts for any of the services you are seeking; and
- Any additional documentation noted on the affidavits.

Please note that failure to complete all required fields will result in your request being rejected. This includes the Student Name and NYCID on each page.

1. Parent's Name:

2. Student's Name:

3. NYCID:

4. Student's Date of Birth:

5. Date of student's last IESP:

6. Name of school child is attending:

7. Address of school:

Student Name:

Student NYCID:

8. I affirm that I submitted a notice of intent to parentally place my child in a private program/private educational setting on or before June 1, 2025 or that I qualify for an exception.

☐

Yes

☐

No

9. Please list below the services for which you are requesting an enhanced rate. Include both session frequency and session length:

Service Type	Session Frequency	Session Length

10. Please list below the name of the provider for whom you are seeking approval for enhanced rate. If more than one, indicate which service they will be providing. Enter 'Y' or 'No' to indicate whether or not the student is currently receiving service for each service type listed.

Service Type	Provider Name	Currently Receiving? Y/N

11. Where is or where will your child be receiving these services?

☐

Home

☐

School

☐

Other

11a. If "Other" (or if more than one location), please explain:

12. Are you currently paying out-of-pocket for any of these IESP services for your child?

☐ Yes ☐ No

12a. If 'yes', what hourly rate(s) are you paying for your child's special education services?

13. Did you sign a contract with your child's service providers or an agency?

(Attach a copy if you select 'yes')

☐ Yes ☐ No

14. Would you like to be reimbursed for your child's special education services? (Please attach proof of payment if you select 'yes')

☐ Yes ☐ No

15. Would you like your child's providers to be paid directly for your child's special education services?

☐ Yes ☐ No

16. Did you receive a completed P4 and /or RSA from your CSE for this school year?

☐ Yes ☐ No

17. Please select the affirmation below that is accurate to your situation:

☐ I affirm that YES, I filed or authorized the filing of a DPC for the 2025-2026 school year.

☐ I affirm that NO, I have not filed or authorized the filing of a DPC for the 2025-2026 school year.

17a. If you affirmed "yes" to having filed or authorized a DPC for this school year, please provide the case number(s):



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18. Do you affirm that you have cooperated with all NYCPS efforts to assign your child a provider, which includes the offer of afterschool and weekend sites and submitting the afterschool /weekend site survey?

☐

Yes

☐

No

19. Are there any additional services on your child's IESP (not listed above) for which you have not identified a provider and for which you need additional help from NYCPS in obtaining the services?

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Yes

☐

No

19a. If 'yes', identify the services:

Student Name:

Student NYCID:



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Affirmation and Notarization

I, _____ (print or type name), am the
parent/guardian of _____ (name of student) and am submitting
this request on their behalf. I understand that this request is limited to the relevant period within the ten-
month school year (between September 1, 2025 and June 30, 2026) and that a new request must be
submitted each school year. I acknowledge that by submitting this request and affidavit, records related to
these services are subject to audit by New York City Public Schools and/or New York City. I swear (or
affirm) under the penalties of perjury, that all of the information above is true and accurate.

Parent Signature: _____ Date: _____

STATE OF:

COUNTY OF:

On the _____ day of _____ in the year _____ before me, the
undersigned personally appeared _____, personally
known to me or proved to me on the basis of satisfactory evidence to be the individual whose name
is subscribed to the within instrument and acknowledged to me that he/she/they executed the same
in his/her/their capacity and that by his/her/their signature on the instrument, the individual or the
person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC SIGNATURE

NOTE: Please be advised that a notary must be a neutral party to the request and not have a financial
interest in the request.

Student Name:

Student NYCID: