

**2024-2025 NYCPS REQUEST FOR EQUITABLE (IESP)
SERVICES ASSISTANCE/ENHANCED RATE**

PROVIDER AFFIDAVIT

Requester Instructions: Please have each private provider for your child's IESP services for whom you are seeking an enhanced rate complete this form affidavit.

Provider Name:

TIN:

I am providing IESP services to Student Name:

NYCID:

1. I am providing the following IESP services (list service type, frequency, session, length):

2. I hold the following license(s)/certification(s):
(Please attach a copy/proof)

3. I have already begun providing these IESP services to this student for the
2024-2025 school year:

4. If "Yes", I began providing these services to this student on:

5. Where are the services being provided: Home School Other

6. Are the services being provided individually or in a group?

 Individually Group Other

6a. If "Group", what is the group size?

7. Are the services provided on a push in or pull out basis?

Push in

Pull out

8. If you answered "other" to any of the questions above, or the answer varies by service, please explain:

9. What subject areas are you supporting?

10. In what language(s) are you providing service?

11. I affirm that I will provide progress reports to the CSE in advance of student's IESP meeting or upon request:

12. I affirm that I will participate in student's IESP meeting if requested:

13. I affirm that I am providing instruction aligned with student's IESP goals:

14. Are you employed or contracted by an agency or school?

15. If "Yes", identify the agency/school:

16. At what hourly rate(s) are you paid for these services?

17. If you are not paid on an hourly basis, please describe how you are paid for these services:

I _____ (print or type name) am providing IESP services to the above-named student. I acknowledge by submitting this request/ affidavit that all 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.

Signature

Date

State of _____ County of _____
Subscribed and sworn to (or affirmed) before me
on this _____ day of _____, 20____
by _____
proved to me on the basis of satisfactory evidence to be
the person(s) who appeared before me.

Notary Public Signature