



October 2021

MEMORANDUM

TO: Occupational & Physical Therapists Employed by the New York City Department of Education

FROM: **SCHOOL NAME / DBN**

SUBJECT: Special Education Recovery Services - Afterschool / Saturday OT/PT Services  
Positions subject to funding availability

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DOE Occupational & Physical Therapists may apply to provide recovery services to students who attend their assigned schools' Recovery Services Program.

**Special Education Recovery Services Program**

Special Education Recovery Services are specialized instruction and related services in addition to a student's IEP recommendation, made available to students with IEPs to help close gaps brought on by the pandemic disruption to learning. Covid-19 Recovery Services provide students with targeted services that will supplement but not supplant students' IEP programs and services.

OT/PT therapists will provide services to students whose IEPs recommend OT/PT services and have been identified by school administration as participating in their schools' Recovery Services program. These services will be provided in a designated therapy space, in keeping with current DoE health and safety guidelines, at **SCHOOL NAME/DBN HERE**. Recovery services will be provided in a group setting to the greatest extent possible. Recovery services are not required to mirror IEP recommendations; recovery services may be provided in a group size larger than what is recommended on student IEPs. Recovery services will be provided in-person. In specific circumstances and at the direction of the Program Administrator, services may be provided remotely from a DoE location.

In addition to providing recovery services, therapists who work in this program will be responsible for maintaining necessary records, including timely SESIS Encounter Attendance entries, review of student IEPs, communicate with families to schedule services and follow up on student progress, participate in preparation work as well as participate in set-up of designated therapy space.

In order to be eligible, applicants must be licensed DOE occupational/physical therapists, with a satisfactory record of attendance. Preference will be given to OT/PT staff currently assigned to **SCHOOL NAME/DBN HERE**. Itinerant providers interested in applying for this assignment may apply to each of their assigned schools and, if selected for the assignment, develop a Recovery Services schedule with each Principal and/or designee.

Any applicant(s) not selected by their assigned school(s), will have the opportunity to apply to other schools within their assigned borough, (those with a provider hiring need), using the **OT/PT Recovery Services Borough Posting**.

The program will be held on **SCHOOL SPECIFIC DATES/DAYS/HOURS HERE**. Therapists are expected to work all the days the program is in session.

Please find attached the application which must be completed if you would like to apply to **SCHOOL NAME/DBN HERE** Afterschool/Saturday Recovery Services Program.



**SCHOOL NAME/DBN HERE**  
**OT/PT Special Education Recovery Services Program Application**  
**2021-2022**

Directions: Please complete the following and submit to **SCHOOL IDENTIFIES EMAIL ADDRESS/DESIGNEE** with your name and service type in the subject line by **10 SCHOOL DAYS FROM RECEIPT**

**Only those OT/PT staff interested in applying for the Special Education Recovery Services Afterschool / Saturday Related Services Program should complete the application.**

**Please type or print legibly.**

Name:	DOE Start Date:
MY HOME SCHOOL (Payroll School): Other Assigned Schools:	OT/PT Supervisor Name:
D1-32 School:                      D75 School:	
Reference No.:	Home Telephone:
E-mail Address:	Cell Phone (optional):
Are you on leave? Yes _____ No _____	If yes, what date will you return to work? _____

**Discipline:**

	Occupational Therapist
	Physical Therapist

**Please Enter the School(s) Recovery Services Program(s) for Which You're Applying:**

School Name/DBN

***I understand that I may not be guaranteed assignment as per my request.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date