

Approved Entities

Waiver Number **291**
Primary Entity Name **Comprehensive Kids Developmental School**
Primary Address *101 Norfolk Street* **Primary Phone** *(212) 566-8855*
 3rd Floor **Number**
 New York
 NY **Current Waiver Issued Beginning Period**
 10002- *7/1/2013*
 Current Waiver Ending Period
County *New York* *6/30/2016*

<input checked="" type="checkbox"/> LMSW	<input checked="" type="checkbox"/> CAT	<input checked="" type="checkbox"/> Physical Therapy	<input checked="" type="checkbox"/> Nursing (RN or Nurse Practitioner)
<input checked="" type="checkbox"/> LCSW	<input checked="" type="checkbox"/> Psychology	<input checked="" type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.)
<input checked="" type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Optometry	<input checked="" type="checkbox"/> Audiology/Speech Lang.	<input checked="" type="checkbox"/> Other: <input type="text" value="SEIT"/>

Additional Sites if any - with Certificate Number

Certificate Number	JT - 291 - 366	Special Education School
Certificate Number	JT - 291 - 365	Special Education School

Certificate Number

JT - 291 - 367

Special Education School