



DISTRICT: SUPPORT SERVICES REQUEST FORM COVER SHEET

This request is for the	20__ - 20__	<input type="checkbox"/> ESY	<input type="checkbox"/> School Year
DISTRICT OR PROGRAM APPROVAL FOR SERVICE REQUEST			
District of Location (DOL):		Address/Tele/Fax:	
District of Residence (DOR):		Address/Tele/Fax:	
Please provide the name and contact information of the district or building administrator who has approved this request for services			
Administrator/Title:		Service Request Approval Date:	
STUDENT AND FAMILY INFORMATION			
Student Name:		DOB:	
		Gr:	
		Gender	<input type="checkbox"/> F <input type="checkbox"/> M
Address:			Student ID:
Parent/Guardian:	Home Phone:		Cell:
Parent Email:	Work Phone:		
SCHOOL LOCATION INFORMATION			
Parentally Placed: <input type="checkbox"/> No <input type="checkbox"/> Yes District Placed: <input type="checkbox"/> No <input type="checkbox"/> Yes	School Where Student is Placed:		
Contact Person at School of Placement:	Title:	Phone/Email:	
Does the student have a 504 Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes	An IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes Prior to the start of service, please share the IEP with Monroe #1 BOCES on IEP Direct or immediately fax a copy of the IEP to (585) 383-6446		
Student currently attends a Monroe #1 BOCES Special Ed. program <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please check program attending: <input type="checkbox"/> Creekside <input type="checkbox"/> e-START <input type="checkbox"/> Bird/Morgan <input type="checkbox"/> O'Connor Academy <input type="checkbox"/> District Based <input type="checkbox"/> Transition Programs			

1. Please send a copy to **your** Business Office
2. Non-component districts must also complete a "Cross Contract"
3. Attach current IEP and send to: Assistant Director of Student Programs & Services
Monroe #1 BOCES
41 O'Connor Road
Fairport, NY 14450 FAX: 585-383-6446 or email Kristine_Seely@Boces.monroe.edu

It is assumed that when submitting this form, the district has taken responsibility for obtaining parent/legal guardian consent for this request.

Authorized signature of LEA Representative:

Signature: _____ Title: _____

STUDENT PROGRAMS AND SERVICES