



**Rebecca Etlinger**  
Assistant Director of Special Education & Student Services

## DISTRICT: STUDENT SERVICES REQUEST FORM COVER SHEET

|   |  |                              |                                      |
|---|--|------------------------------|--------------------------------------|
| This request is for the   | 20__ - 20__  | <input type="checkbox"/> ESY | <input type="checkbox"/> School Year |
| <b>DISTRICT OR PROGRAM APPROVAL FOR SERVICE REQUEST</b>   |  |                              |                                      |
| District of Location (DOL):   |  | Service Start Date:          |                                      |
| District of Residence (DOR):  |  | Service End Date:            |                                      |
| <b>STUDENT AND FAMILY INFORMATION</b>   |  |                              |                                      |
| Student Name:   |  | DOB:                         |                                      |
| Address:  |  | Student ID:                  |                                      |
| Parent/Guardian:  | Home Phone:  | Cell:                        |                                      |
| Parent Email:   | Work Phone:  |                              |                                      |
| <b>SCHOOL LOCATION INFORMATION</b>  |  |                              |                                      |
| Parentally Placed: <input type="checkbox"/> No <input type="checkbox"/> Yes   | Service Location :   |                              |                                      |
| Contact Person at Service Location:   | Title: <span style="float: right;">Phone/Email:</span>   |                              |                                      |
| Does the student have a 504 Plan?<br><input type="checkbox"/> No <input type="checkbox"/> Yes   | An IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Prior to the start of service, please share the IEP with Monroe #1 BOCES on Frontline/IEP. |                              |                                      |
| <b>Student currently attends a Monroe #1 BOCES Special Ed. program</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, please check program attending:<br><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. By signing this service request, it is agreed that this serves as a guarantee of payment for services provided and an agreement that the requesting district is responsible for initiating and completing a **"Cross Contract"** for services if the district is not a component of Monroe One BOCES
2. Please send a copy to your Business Office
3. Send current IEP to: Kristine\_Seely@Boces.monroe.edu

Authorized signature of LEA Representative:

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

### SPECIAL EDUCATION & STUDENT SERVICES