

## DISTRICT: SUPPORT 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:	
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:	
<b>STUDENT AND FAMILY INFORMATION</b>			
Student Name:		DOB:	
		Gr:	
Address:			Gender <input type="checkbox"/> F <input type="checkbox"/> M
		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 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 <b>immediately</b> 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. **Non-component districts must also complete a "Cross Contract"**
2. Please send a copy to your Business Office
3. Attach current IEP and send to: Shannon Duserick  
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