



## DISTRICT: SUPPORT SERVICES REQUEST FORM COVER SHEET

**In person**      **Days:**    **Mon**    **Tues**    **Wed**    **Thur**    **Fri**      **Group**    **A**    **B**  
**Remote**        **Days:**    **Mon**    **Tues**    **Wed**    **Thur**    **Fri**

**Is student mask exempt?**    **Yes**    **No**      **Does the student have technology to work remotely?**    **Yes**    **No**

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):		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:	
----------------------	--	--------------------------------	--

### 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 <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. 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. 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**

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.

### STUDENT PROGRAMS AND SERVICES