MONROE #1 BOARD OF COOPERATIVE EDUCATIONAL SERVICES

monroe one EDUCATIONAL SERVICES

Daniel T. White
District Superintendent

Liz Walton
Program Coordinator

REQUEST FOR SERVICES – TUTOR
(DISTRICT TEACHER PROVIDES THE WORK)

This request is for the:	(Please indicate year)	Academic School Year	O R	(Please indicate year) Check one summer service	Tutoring Over The Summer:	O R	ESY: Extended School Year Tutoring (IEP students)

DISTRICT OR PROGRAM APPROVAL FOR SERVICE REQUEST

School District/Program		Service request date:	
Student's Administrator:		School Address:	
Administrator's email address:		Phone Number:	

STUDENT AND FAMILY INFORMATION

Student Name:		DOB:		Gr:		Male:		Female:	
Address:		City:			Zip Code :				
Parent/ Guardian:		Cell #:			Home Phone #:				
Parent Email:					Work #:				
Does student have an IEP?	Yes:		No:		Does student have a 504 plan?	Yes:		No:	

If YES, please immediately share the IEP or 504 Plan on IEPDirect or immediately fax a copy to 585.387.3845 or email a copy to the RPS office

TUTOR SERVICE REQUESTED: (CHECK ONE) (PLEASE COMPLETE section A on page two) Requests cannot be processed until ALL information is provided	Does the student have technology to work remotely, if necessary (laptop, iPad, etc)?	Yes ☐ No ☐
← SUSPENSION (PLEASE COMPLETE section B on page two) Include Suspension Letter and Discipline Record		
← MEDICAL – *Include - Doctor's Note(s) and Attendance Record		
← AWAITING PLACEMENT – *Include FBA, BIP, Doctor's Note(s), Attendance Record, and Discipline Record		
← TASC PREP – MATERIALS SUPPLIED BY DISTRICT		
← OTHER: (please explain BELOW)		

FREQUENCY AND DURATION:

	←1 hr/day		←2 hrs/day		←3 hrs/day
	←Other (please explain)				

SERVICE DELIVERY DETAILS:

START DATE:		END DATE: Include an approximate end date		Preferred time of service?	

SERVICE DELIVERY LOCATION (PLEASE CHECK THE BOX):

	← Bird/Morgan site		← IRONDEQUOIT TUTORING CENTER		← OTHER (please describe BELOW)
	← LIBRARY		← VIRTUAL		
	← HOME				

Emergency Medical Information LEGALLY NECESSARY for students to be at Tutoring Centers					
Emergency contact person if parent not available:					
Does the student have any significant medical issues/allergies?		**No:**		**Yes (describe):**	
Does the student use any emergency medications?		**No:**		**Yes (describe):**	
School Nurse Name:			**Phone #:**		

Section A - ACADEMIC INFORMATION – attach schedule or fill in the boxes below

Student Name:	

To best serve your student we need to know the subjects he/she is taking and the teacher(s) who are responsible for those subjects.

PLEASE INCLUDE TELEPHONE NUMBER AND EMAIL ADDRESS

Subject/ Teacher:		**Subject/ Teacher:**	
Subject/ Teacher:		**Subject/ Teacher:**	
Subject/ Teacher:		**Subject/ Teacher:**	

What school does the student currently attend? If not applicable, what school/program did the student last attend?	
Who is/was the student's counselor?	
	Telephone:
	Email address:
Who at the school is the primary contact for assignments?	

PLEASE CHECK THE SECTIONS BELOW TO COMPLETE ADDITIONAL REQUESTED INFORMATION

SECTION B - SUSPENSIONS

To protect other students and our staff – please complete the following section if the student has been suspended

Reason for suspension: (Include suspension letter and discipline record)	
Please provide name(s) of anyone that this student must not come in contact with or be scheduled with during tutoring:	
Who will transport the student to/from tutoring?	

Please provide a note if the student has permission to leave with anyone other than the designated transporter

If the student requires 1:1 tutoring, does the tutoring need to take place in a separate location/room from other students?	**Yes, student requires a separate location (explain BELOW if needed).**
	No, student can be in the same room or near other students while being tutored.
If applicable, when is the Superintendent's hearing scheduled?	

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

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 it to the people listed at the end of this form

Authorized signature of LEA Representative: Date:_____

Print Name:_____   Signature:_____

By signing this form, your district is agreeing to service contract.

Regional Programs and Services - Phone: (585) 383-6635 - 25 O'Connor Road, Room B5, Fairport, NY 14450

EMAIL REQUESTS TO: bonnie_eaton@boces.monroe.edu and kisha_albarran@boces.monroe.edu

(Please CC, elizabeth_walton@boces.monroe.edu, tom_foster@boces.monroe.edu, kimberly_Fulton@boces.monroe.edu, and william_donahue)