MONROE #1 BOARD OF COOPERATIVE EDUCATIONAL SERVICES

monroe one
EDUCATIONAL SERVICES

Liz Walton
Coordinator
Regional Programs & Services

REQUEST FOR SERVICES – TEACHER
(RPS TEACHER PROVIDES THE WORK)

This request is for the:		Academic School Year	O R		Extended School Year (ESY):
	(Please indicate year)			*(Please indicate year)*	

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 email a copy to the RPS office

TEACHER SERVICE REQUESTED: (CHECK ONE)
Requests cannot be processed until ALL information is provided

	◄ **PRIVATE/PAROCHIAL NON-PUBLIC SCHOOLS** (PLEASE COMPLETE Section C on page two)	◄ **LOTE INSTRUCTION** (Specify language)
	◄ **MATH INSTRUCTION**	◄ **SPECIALIZED READING INSTRUCTION**
	◄ **ONLINE or BLENDED LEARNING** – circle one (Blended learning is online with teacher support)	◄ **PRE-GED PROGRAM INSTRUCTION**
	◄ **OTHER:** (please explain)	

RESPONSIBLE FOR: (Please check Y = Yes or N = No)

CASE MANAGEMENT	Y	N	IEP BENCHMARKING/PROGRESS NOTES	Y	N	REPORT CARDS	Y	N
FREQUENCY AND DURATION (IE; 5x40/wk.)								

SERVICE DELIVERY DETAILS:

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

SERVICE DELIVERY LOCATION (PLEASE CHECK THE BOX):

◄ **PRIVATE/PAROCHIAL SCHOOL**	◄ **LIBRARY**	◄ **HOME**
◄ **RPS** (formerly CTTS) **LOCATION** (please describe below)	◄ **OTHER** (please describe below)	

Emergency Medical Information LEGALLY NECESSARY for students to be at RPS 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 #:	

SPECIAL EDUCATION SERVICES FOR STUDENTS PARENTALLY PLACED IN PRIVATE OR PAROCHIAL SCHOOLS	
Student's District of Residence:	
Name of Private/Parochial School:	
Private/Parochial School District of Location:	

IMPORTANT Does the student have technology to work remotely, if necessary (laptop, iPad, etc.)? Yes ☐ No ☐

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 to the people listed below

Authorized signature of LEA Representative: **Date:** _____

Print Name: _____ **Signature:** _____

Comprehensive Teaching Solutions

👍 **A Branch of Regional Programs & Services**

Phone: (585) 383-6635

25 O'Connor Rd, Fairport, NY 14450

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

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