

MONROE #1 BOARD OF COOPERATIVE 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:	
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:
<i>If YES, please immediately share the IEP or 504 Plan on IEPDirect or email a copy to the RPS office</i>					

TEACHER SERVICE REQUESTED: (CHECK ONE)					
Requests cannot be processed until ALL information is provided					
<input type="checkbox"/>	←PRIVATE/PAROCHIAL NON PUBLIC SCHOOLS (PLEASE COMPLETE Section C on page two)		<input type="checkbox"/>	←LOTE INSTRUCTION (Specify language)	
<input type="checkbox"/>	←MATH INSTRUCTION		<input type="checkbox"/>	←SPECIALIZED READING INSTRUCTION	
<input type="checkbox"/>	←ONLINE or BLENDED LEARNING – circle one (Blended learning is online with teacher support)		<input type="checkbox"/>	←PRE-TASC PROGRAM INSTRUCTION	
<input type="checkbox"/>	←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)					

IMPORTANT Is student mask exempt? Yes No

SERVICE DELIVERY DETAILS:					
START DATE:		END DATE: Include an approximate end date		Preferred time of service?	
SERVICE DELIVERY LOCATION (PLEASE CHECK THE BOX):					
<input type="checkbox"/>	← NORMAN HOWARD		<input type="checkbox"/>	← LIBRARY	
<input type="checkbox"/>	← PRIVATE/PAROCHIAL SCHOOL		<input type="checkbox"/>	← HOME	
<input type="checkbox"/>	← OTHER (please describe)		<input type="checkbox"/>	← RPS (formerly CTTS) LOCATION (please describe)	

*****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 #:

REQUEST FOR SERVICES – TEACHER (Continued)

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:	



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 and tom_foster@boces.monroe.edu)