

**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:	<input type="text"/>	Academic School Year	O R	<input type="text"/>	Extended School Year (ESY):
	(Please indicate year)			(Please indicate year)	
<b>DISTRICT OR PROGRAM APPROVAL FOR SERVICE REQUEST</b>					
School District/Program			Service request date:		
Student's Administrator:		School Address:			
Administrator's email address:			Phone Number:		
<b>STUDENT AND FAMILY INFORMATION</b>					
Student Name:	<input type="text"/>	DOB:	<input type="text"/>	Gr:	<input type="text"/>
Address:	<input type="text"/>	City:	<input type="text"/>	Male:	<input type="text"/>
Parent/ Guardian:	<input type="text"/>	Cell #:	<input type="text"/>	Female:	<input type="text"/>
Parent Email:	<input type="text"/>	Home Phone #:	<input type="text"/>	Work #:	<input type="text"/>
Does student have an IEP?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Does student have a 504 plan?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<i>If YES, please immediately share the IEP or 504 Plan on IEPDirect or email a copy to the RPS office</i>					

<b>TEACHER SERVICE REQUESTED: (CHECK ONE)</b>					
<b>Requests cannot be processed until ALL information is provided</b>					
<input type="checkbox"/>	←PRIVATE/PAROCIAL NON PUBLIC SCHOOLS (PLEASE COMPLETE Section C on page two)	<input type="checkbox"/>	←LOTE INSTRUCTION (Specify language)	<input type="text"/>	
<input type="checkbox"/>	←MATH INSTRUCTION	<input type="checkbox"/>	←SPECIALIZED READING INSTRUCTION	<input type="text"/>	
<input type="checkbox"/>	←ONLINE or BLENDED LEARNING – circle one (Blended learning is online with teacher support)	<input type="checkbox"/>	←PRE-GED PROGRAM INSTRUCTION	<input type="text"/>	
<input type="checkbox"/>	←OTHER: (please explain)	<input type="text"/>			
<b>RESPONSIBLE FOR: (Please check Y = Yes or N = No)</b>					
CASE MANAGEMENT	Y <input type="checkbox"/>	N <input type="checkbox"/>	IEP BENCHMARKING/PROGRESS NOTES	Y <input type="checkbox"/>	N <input type="checkbox"/>
REPORT CARDS	Y <input type="checkbox"/>	N <input type="checkbox"/>			
FREQUENCY AND DURATION (IE; 5x40/wk)					

<b>SERVICE DELIVERY DETAILS:</b>					
<b>START DATE:</b>	<input type="text"/>	<b>END DATE:</b>	<input type="text"/>	Preferred time of service?	<input type="text"/>
<b>SERVICE DELIVERY LOCATION (PLEASE CHECK THE BOX):</b>					
<input type="checkbox"/>	← PRIVATE/PAROCIAL SCHOOL	<input type="checkbox"/>	← LIBRARY	<input type="checkbox"/>	← HOME
<input type="checkbox"/>	← RPS (formerly CTTS) LOCATION (please describe below)	<input type="checkbox"/>	← OTHER (please describe below)	<input type="text"/>	<input type="text"/>

<b>***Emergency Medical Information LEGALLY NECESSARY for students to be at RPS Centers***</b>					
Emergency contact person if parent not available:					
Does the student have any significant medical issues/allergies?		No: <input type="checkbox"/>	Yes (describe): <input type="text"/>		
Does the student use any emergency medications?		No: <input type="checkbox"/>	Yes (describe): <input type="text"/>		
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](mailto:kim_fulton@boces.monroe.edu) and [kisha\\_albarran@boces.monroe.edu](mailto:kisha_albarran@boces.monroe.edu)

(Please CC, [elizabeth\\_walton@boces.monroe.edu](mailto:elizabeth_walton@boces.monroe.edu), [tom\\_foster@boces.monroe.edu](mailto:tom_foster@boces.monroe.edu), and [Kristy\\_short@boces.monroe.edu](mailto:Kristy_short@boces.monroe.edu))