BEHAVIORAL HEALTH SERVICES REQUEST FORM

☐ **REGULAR SCHOOL YEAR (RSY)** ☐ **EXTENDED SCHOOL YEAR (ESY)**

☐ **COMPREHENSIVE PSYCHOLOGICAL ASSESSMENT SERVICES (CPAS)**
- ☐ **Initial Evaluation (indicate due date):** _____
- ☐ **Reevaluation**

☐ **FAMILY LIFE EDUCATION AND COUNSELING SERVICE (FLECS)**
- Number of Hours Requested:_____

☐ **SPECIALITY PSYCHOLOGICAL EVALUATIONS**

☐ Cognitive Impairment ☐ Visually Impaired
☐ Autism Spectrum Disorder ☐ Deaf/Hard of Hearing
Other _____

Please attach a copy of the previous psychological evaluation and other pertinent reports.

☐ **SPECIALITY PSYCHOLOGICAL SERVICES**
Request for consultation and/or staff training.
Examples: Behavioral consultation, classroom management, family and community systems.
Topic requested: _____

☐ **BEHAVIORAL SPECIALIST SERVICES**

☐ Functional Behavioral Assessment (FBA)
☐ Consultation Hours_____

☐ **COUNSELING**

☐ Individual_____Frequency _____Period_____Duration_____
☐ Group_____Frequency _____Period_____Duration_____
☐ Consult_____Frequency _____Period_____Duration_____

☐ **COMPREHENSIVE SOCIAL HISTORY**
Attach and forward other relevant reports.

To assist BOCES in fulfilling your request, please indicate the reason for the request:

_____

_____

For additional information, contact the BHS Program Coordinator at (585) 383-6641

ATTACH IEP, IF AVAILABLE PRIOR TO SUBMITTING:
Kristine Seely Monroe #1 BOCES Phone: (585) 383-2216 Fax: (585) 383-6446
Contact Behavioral Health Services (585) 385-6641 regarding available services.