

MONROE #1 BOARD OF COOPERATIVE 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

| | |
|--------------------------|---|
| <input type="checkbox"/> | ←SUSPENSION (PLEASE COMPLETE section B on page two) Include Suspension Letter and Discipline Record |
| <input type="checkbox"/> | ←MEDICAL – *Include - Doctor's Note(s) and Attendance Record |
| <input type="checkbox"/> | ←AWAITING PLACEMENT – *Include FBA, BIP, Doctor's Note(s), Attendance Record, and Discipline Record |
| <input type="checkbox"/> | ←TASC PREP – MATERIALS SUPPLIED BY DISTRICT |
| <input type="checkbox"/> | ←OTHER: (please explain BELOW) |
| | |

Does the student have technology to work remotely, if necessary (laptop, iPad, etc)?

Yes

No

FREQUENCY AND DURATION:

| | | | | | |
|--------------------------|-------------------------|--------------------------|------------|--------------------------|------------|
| <input type="checkbox"/> | ←1 hr/day | <input type="checkbox"/> | ←2 hrs/day | <input type="checkbox"/> | ←3 hrs/day |
| <input type="checkbox"/> | ←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):

| | | | | | |
|--------------------------|--------------------|--------------------------|-------------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | ← Bird/Morgan site | <input type="checkbox"/> | ← IRONDEQUOIT TUTORING CENTER | <input type="checkbox"/> | ← OTHER (please describe BELOW) |
| <input type="checkbox"/> | ← LIBRARY | <input type="checkbox"/> | ← VIRTUAL | | |
| <input type="checkbox"/> | ← 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: <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: | <input type="text"/> | Phone #: | <input type="text"/> |
| Section A - ACADEMIC INFORMATION – attach schedule or fill in the boxes below | | | |
| Student Name: | | <input type="text"/> | |
| 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: | <input type="text"/> | Subject/Teacher: | <input type="text"/> |
| Subject/Teacher: | <input type="text"/> | Subject/Teacher: | <input type="text"/> |
| Subject/Teacher: | <input type="text"/> | Subject/Teacher: | <input type="text"/> |
| What school does the student currently attend? If not applicable, what school/program did the student last attend? | | <input type="text"/> | |
| Who is/was the student's counselor? | <input type="text"/> | Telephone: | <input type="text"/> |
| | | Email address: | <input type="text"/> |
| Who at the school is the primary contact for assignments? | | <input type="text"/> | |
| 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) | | <input type="text"/> | |
| Please provide name(s) of anyone that this student must not come in contact with or be scheduled with during tutoring: | | <input type="text"/> | |
| Who will transport the student to/from tutoring? | | <input type="text"/> | |
| **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? | <input type="checkbox"/> | Yes, student requires a separate location (explain BELOW if needed). | |
| | <input type="checkbox"/> | No, student can be in the same room or near other students while being tutored. | |
| If applicable, when is the Superintendent's hearing scheduled? | | <input type="text"/> | |

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 Kristy_short@boces.monroe.edu)