

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 & tom_foster@boces.monroe.edu)