



# BOCES Southern Westchester

THE BOARD OF COOPERATIVE EDUCATIONAL SERVICES

CENTER FOR SPECIAL SERVICES  
 1606 Old Orchard Street, White Plains, New York 10604  
 (914) 948-7271 • fax (914) 948-7598

## Assessment/Evaluation Request Form – 2018 - 2019

<b>Request Date:</b> _____  <b>Requested By:</b> _____ (Name) _____ (Title)	<b>School District:</b> _____  <b>Telephone #:</b> _____  <b>Fax #:</b> _____  <b>Email Contact:</b> _____  <b>Case Contact:</b> _____ (District staff who will assist evaluator(s) in setting up appointments)
<b>Student Name:</b> _____	<b>Grade:</b> _____ <b>Age:</b> _____ <b>DOB:</b> _____
<b>Parent/Guardian(s):</b> _____	
<b>Home Address:</b> _____	<b>Home Telephone:</b> _____  <b>Work Telephone:</b> _____ <b>Email:</b> _____

**Please check appropriate statement – provide consent form as attachment or confirm that consent is on file**

- Parental Consent Form Attached
- Parent has been notified of this request; consent is on file at School District Office

**If any evaluations below are BILINGUAL, please specify language:** \_\_\_\_\_

<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Speech/Language Evaluation
<input type="checkbox"/> Educational Evaluation	<input type="checkbox"/> Occupational Therapy Evaluation
<input type="checkbox"/> Social History	<input type="checkbox"/> Assistive Technology Evaluation (provide current IEP)
<input type="checkbox"/> Physical Therapy Evaluation	<input type="checkbox"/> Audiological Evaluation
<input type="checkbox"/> Visual Evaluation (Required: provide current Ophthalmology report)	<input type="checkbox"/> Functional Behavioral Assessment/ Behavioral Intervention Plan
<input type="checkbox"/> Consultation (specify type of consult below):	<input type="checkbox"/> Other – Specify:
<input type="checkbox"/> Psychiatric Evaluation	<input type="checkbox"/> Psychiatric Consult Only
<input type="checkbox"/> Translator (specify language and details):	

<b>Please submit your request to:</b>	Southern Westchester BOCES Center for Special Services 1606 Old Orchard St. White Plains, NY 10604	Phone: 914-948-7271 x1225 Jack Aiello Fax: 914-428-3306 Email: <a href="mailto:jaiello@swboces.org">jaiello@swboces.org</a>
---------------------------------------	---	---