



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

Related Services Authorization Form – BOCES and Non-BOCES Students – 2017-2018

Authorized By: _____ **School District:** _____

Title: _____ **Telephone #:** _____

Fax #: _____

Email contact: _____

Student Name: _____ **Grade:** _____ **Age:** _____ **DOB:** _____

Gender: _____

Student's Home Address _____ **Telephone:** _____

School Contact Person _____ **Telephone:** _____

Location of Services _____ **Email address** _____

School Address _____

PLEASE ATTACH RELEVANT IEP INFORMATION

RELATED SERVICES REQUESTED (fill in all areas for each service requested)

Type of Service (check all that apply):	Start Date	End Date	Ratio (1:1; 5:1)	Frequency (per week)	Duration (min per session)
<input type="checkbox"/> Adaptive Physical Education Individual					
<input type="checkbox"/> Adaptive Physical Education Consult					
<input type="checkbox"/> Counseling - Individual					
<input type="checkbox"/> Counseling - Group					
<input type="checkbox"/> Counseling - Consult					
<input type="checkbox"/> Itinerant Teacher- Direct Service or Consult (specify subject area):					
<input type="checkbox"/> Occupational Therapy - Individual					
<input type="checkbox"/> Occupational Therapy - Group					
<input type="checkbox"/> Occupational Therapy - Consult					
<input type="checkbox"/> Physical Therapy - Individual					
<input type="checkbox"/> Physical Therapy - Group					
<input type="checkbox"/> Physical Therapy - Consult					
<input type="checkbox"/> Reading - Individual					
<input type="checkbox"/> Reading - Group					
<input type="checkbox"/> Reading - Consult					
<input type="checkbox"/> Speech/Language - Individual					
<input type="checkbox"/> Speech/Language - Group					
<input type="checkbox"/> Speech/Language - Consult					
<input type="checkbox"/> TOD- (Teacher of Deaf) - Individual					
<input type="checkbox"/> TOD- (Teacher of Deaf) - Group					
<input type="checkbox"/> TOD- (Teacher of Deaf) - Consult					
<input type="checkbox"/> TVI- (Teacher Vision Impaired) - Individual					
<input type="checkbox"/> TVI- (Teacher Vision Impaired) - Group					
<input type="checkbox"/> TVI- (Teacher Vision Impaired) - Consult					
<input type="checkbox"/> OTHER:					

Please submit authorization to: 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: jaiello@swboces.org