BOCES Southern Westchester
THE BOARD OF COOPERATIVE EDUCATIONAL SERVICES
CENTER FOR SPECIAL SERVICES
1606 Old Orchard Street, White Plains, New York10604
(914) 948-7271 • fax (914) 948-7598

BASIS FORM – BOCES and Non-BOCES Students – 2019-2020

Authorized By: _____ **School District:** _____
Telephone #: _____
Title: _____ **Fax #:** _____
Email contact: _____

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

Parent/ Guardian Name _____ **Telephone** _____

Student's Home Address _____ **Email Address** _____

_____

School Contact Person _____ **Telephone** _____

School Address _____ **Email address** _____

_____

Is the parent aware of BASIS referral? ☐ Yes ☐ No If no, will school district be informing parent? ☐ Yes ☐ No

***Please note: Up to 5 additional hours may be billed for clinical/administrative support per month.*

PLEASE ATTACH RELEVANT IEP INFORMATION

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

Type of Service (check all that apply):		
BASIS Before School Intervention Services	BASIS After School Intervention Services	Other BASIS for Related Services Needs:
Check: ☐ Teacher	Check: ☐ Teacher	Check: ☐ FBA/BIP ☐ Counseling
☐ Teaching Assistant	☐ Teaching Assistant	☐ OT ☐ ABA
☐ Aide	☐ Aide	☐ PT ☐ Reading
☐ Clinician	☐ Clinician	☐ Speech ☐ Evaluation
		☐ Parent Training
		☐ Up to 5 additional hours per month for clinical/administrative support

If above requested job title is not available, is a professional of a different title acceptable? ☐ Yes ☐ No

Arrival time of staff member:	Time student needs to get on bus:

Start Date	End Date	Ratio (1:1, 5:1)	Frequency (per week)	Duration (min per session)

Please describe student and the need:

Please identify the goal/ outcome of the service:

Please submit authorization to:

Southern Westchester BOCES
Center for Special Services
1606 Old Orchard St.
White Plains, NY 10604

Email: khammond@swboces.org
Phone: 914-948-7271 ext1201 Kate Hammond
Fax: 914-948-7598