



Southern Westchester BOCES

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

CENTER FOR SPECIAL SERVICES
1606 Old Orchard Street, White Plains, New York 10604
(914) 948-7271 fax (914) 428-3306

BASIS Student Form – BOCES and Non-BOCES – 2020-2021

please attach relevant IEP information

School District: _____ Telephone #: _____
 Authorized By: _____ Fax #: _____
 Title: _____ Email: _____
 School Contact: _____ Contact Email: _____

Student Name: _____ DOB: _____ Age: _____ Grade: _____
 Home Address: _____
 _____ Telephone #: _____
 Parent/Guardian Name: _____ Email: _____

Is the parent/guardian aware of the BASIS Referral? YES NO
 If no, will the district be informing the parent/guardian? YES NO

*Please note: up to five additional hours/month may be billed for clinical/administrative support

Requested Services

BASIS After School Intervention Services		BASIS for Related Service Needs	
<input type="checkbox"/>	Counselor	<input type="checkbox"/>	ABA
<input type="checkbox"/>	Teacher	<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	Teaching Assistant	<input type="checkbox"/>	Physical Therapy
<input type="checkbox"/>	Aide	<input type="checkbox"/>	Speech/Lang. Therapy
<input type="checkbox"/>	Clinician	<input type="checkbox"/>	Counseling
			Parent Training
			Reading
			Other

If above requested job title is not available, is a professional of a different title acceptable? YES NO

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

Please describe the student and intervention needed:

Please identify the goal/outcome of the service provision:

Submit to: Michelle Carpiniello Email: mcarpiniello@swboces.org Phone: (914) 948-7271 ext 1236 Fax: (914) 428-3306