



BOCES Southern Westchester

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 • 2020 - 2021

Request Date: _____ **School District:** _____

Requested By: _____ **Telephone #:** _____

Name _____

Title _____ **Email:** _____

Case Contact: _____ **Phone #:** _____

(District staff person who will be responsible for assisting evaluator(s) in setting up appointments and obtain further information, such as IEP)

Email: _____

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

Parent/Guardian(s): _____ **Home Telephone:** _____

_____ **Work Telephone:** _____

_____ **Email:** _____

Home or School Name/Address*: _____ **Please provide the name and location of where the evaluation is to take place, or call the **Case Contact** for more information.*

***Please provide the latest date Evaluation can be submitted:**

**Please note that "ASAP" will not be given any priority*

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:

Select Type of Evaluation(s)

Please submit your request to: Southern Westchester BOCES, c/o Jack Aiello 1606 Old Orchard Street White Plains, NY 10604	Notes/Comments: <i>(include additional information and/or specific tests required)</i>
Phone: 914-948-7271, Ext. 1225, Jack Aiello	
Fax: 914-428-3306	
Email: jaiello@swboces.org	