



# 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

### BASIS FORM – BOCES and Non-BOCES Students – 2017-2018

Authorized By: \_\_\_\_\_ School District: \_\_\_\_\_  
 Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Email contact: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Student's Home Address \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Parent Email: \_\_\_\_\_  
 School Contact Person \_\_\_\_\_ Telephone: \_\_\_\_\_  
 School Address \_\_\_\_\_ Email address \_\_\_\_\_

Is parent aware of BASIS referral? \_\_\_\_ Yes \_\_\_\_ No If no, will school district be informing parent? \_\_\_\_ Yes \_\_\_\_ No  
 Arrival time for staff member: \_\_\_\_\_  
 Time student needs to get on bus: \_\_\_\_\_

**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) |
|--|------------|----------|------------------|----------------------|----------------------------|
| <b>BASIS Before School Intervention Services</b> |            |          |                  |                      |                            |
| Check : <input type="checkbox"/> Teacher         |            |          |                  |                      |                            |
| <input type="checkbox"/> Teaching Assistant      |            |          |                  |                      |                            |
| <input type="checkbox"/> Aide                    |            |          |                  |                      |                            |
| <input type="checkbox"/> Clinician               |            |          |                  |                      |                            |
| <b>BASIS After School Intervention Services</b>  |            |          |                  |                      |                            |
| Check : <input type="checkbox"/> Teacher         |            |          |                  |                      |                            |
| <input type="checkbox"/> Teaching Assistant      |            |          |                  |                      |                            |
| <input type="checkbox"/> Aide                    |            |          |                  |                      |                            |
| <input type="checkbox"/> Clinician               |            |          |                  |                      |                            |
| Please describe the student and the need:        |            |          |                  |                      |                            |
|  |            |          |                  |                      |                            |
| OTHER BASIS for Related Services Needs:          |            |          |                  |                      |                            |
|  |            |          |                  |                      |                            |

**Please submit authorization to:**

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

Email: [tnunez@swboces.org](mailto:tnunez@swboces.org)  
 Phone: 914-948-7271 ext 1201 Tiffany Nunez  
 Fax: 914-948-7598