



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) 428-3306

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

Authorized By: _____ School District: _____
 Title: _____ Telephone #: _____
 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: <input type="checkbox"/> Teacher		Check: <input type="checkbox"/> Teacher		Check: <input type="checkbox"/> FBA/BIP <input type="checkbox"/> Counseling	
<input type="checkbox"/> Teaching Assistant		<input type="checkbox"/> Teaching Assistant		<input type="checkbox"/> OT <input type="checkbox"/> ABA	
<input type="checkbox"/> Aide		<input type="checkbox"/> Aide		<input type="checkbox"/> PT <input type="checkbox"/> Reading	
<input type="checkbox"/> Clinician		<input type="checkbox"/> Clinician		<input type="checkbox"/> Speech <input type="checkbox"/> Evaluation	
				<input type="checkbox"/> Parent Training	
				<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 1606 Old Orchard St.
 White Plains, NY 10604

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