

**STUDENT ENROLLMENT FORM FOR: 2017-2018** School Year

# DISTRICT:

**DIRECTIONS Check Attachments:**

Use for each student starting in a new school year, IEP (Shared in IEP Direct) whether new to the district or returning form the Pupil Progress Reports previous year. Send completed form and attachments Psychological Evaluation

to the OCM BOCES Program Supervisor for the Medical/Immunization Records

program the student will be enrolled in. Emergency Info OT/PT Script

\_\_\_\_\_\_\_\_\_School Tool Records Shared

# STUDENT DEMOGRAPHICS (Please print clearly)

LAST NAME: FIRST NAME: MI

Student Number (Required): DOB: GENDER: M F

**Race: (Circle one):** White Black or African American Hispanic Native American Asian Native Hawaiian or other Pacific Islander

**GRADE LEVEL:** (Required) **UNGRADED:**

**NYSAA**: Yes No **DISABILITY**:

PRIMARY PARENT DATA (Student residence) SECONDARY PARENT/CONTACT DATA

Relationship: Relationship:

Parent-Foster Parent- Guardian-Grandparent Parent-Foster Parent- Guardian-Grandparent

Name: Name:

Address: Address:

City, Zip Code: City, Zip Code:

Home Phone: Home Phone:

Work Phone: Work Phone:

Cell Phone: Cell Phone:

# Evaluation Request: Attending OCM BOCES Program Attending District Program

# (Fill in name and this section only) (Fill in front of form only)

# Evaluation Type: Program Site: School Contact:

# SIGNATURES OF APPROVAL (IN BLUE INK ONLY)

District Superintendent Date CSE Chairperson Date

BOCES Program Supervisor Date Related Services Supervisor Date

Rev 6/17

**PROGRAM DETAIL Please Check One Option Below**

223.1 TASC- AHSEP 293.1 SED- Students with Emotional Disability

(former GED Program) 293.1 Transitional Ed. Program TEP

224.1 STAR 293.1 SED Transitional learning based classrooms

293.1 Turning Point Day TX K-12

263.1 TEAM 293.1 SED 5-6 McEvoy

263.1 Stellata 293.1 ADT 293.1 SED 7-12 McEvoy

263.2 SKATE 293.1 SED K-6 CTC

\_\_\_\_\_ 263.2 OCM Transition- OCC \_\_\_\_\_ 293.1 SED 7-8 CTC

\_\_\_\_\_ 224.1 OCM Transition- SUNY Cortland 293.1 Crossroads

280 Deaf /Hard of Hearing

1.00 FTE - 4+ Periods Spc. Class

.67 FTE - 2-3 Periods Spc. Class

.33 FTE - 0-1 Periods Spc. Class **RELATED SERVICES ONLY**

ENTER DATE END DATE

PROGRAM SITE TEACHER

# RELATED SERVICE PROVIDED BY OCM BOCES PER IEP

**RELATED SERVICE** TYPE DURATION OF FREQUENCY

EA. SESSION

PER WEEK PER MONTH

STAFF NAME

ADAPTED PE (APE)

AUDIOLOGY

GROUP

1:1

GROUP

1:1 or Consult

GROUP 1:1 CONSULT

1:1

GROUP

1:1 or Consult

GROUP

1:1 or Consult

GROUP

1:1 or Consult

1:1

CONSULT

1:1

CONSULT

1:1

CONSULT

COUNSELING

(Bundled charge with most SED Programs)

**IMP -Intense Mngmt Program**

OCCUPATIONAL THERAPY

PHYSICAL THERAPY

SPEECH/LANGUAGE

ITINERANT TEACHER OF

THE DEAF

VISUALLY IMPAIRED

ORIENTATION & MOBILITY

**WORK BASED LEARNING:** DAYS PER WEEK

**BOCES 1:1 TEACHING ASSISTANT:** HOURS PER DAY (6 hours is 100%)

BOCES INTERPRETERS: HOURS PER DAY Supervisor initials required to bill for 1:1 aides: EXTRA CURRICULAR INTERPRETER AS NEEDED: