

# **Special Education Information Guide 2017 - 2018**

Rosanna Grund, Director of Special Education

OCM BOCES Crown Rd. Campus

4500 Crown Rd., Liverpool, NY 13090

Telephone: 315-453-4467      Fax: 315-453-4435





## Special Education Council

Meeting Schedule 2017-2018

**9:00 -11:00 A.M.**

| Date of Meeting   | Location of Meeting   |
|---|---|
| September 14, 2017  | Cayuga Conference Room:<br>Main Campus - OCM BOCES<br>110 Elwood Davis Dr.<br>Liverpool, NY 13088 |
| * October 5, 2017   | Cayuga Conference Room  |
| November 9, 2017  | Cayuga Conference Room  |
| December 14, 2017   | Cayuga Conference Room  |
| January 11, 2018  | Cayuga Conference Room  |
| March 8, 2018   | Cayuga Conference Room  |
| April 12, 2018  | Cayuga Conference Room  |
| May 10, 2018  | Cayuga Conference Room  |
| <b>June 7, 2018</b><br>Date changed to coincide with Special Ed. Graduation | Cayuga Conference Room  |

6/6/17 SO

All Meetings will be held the 2<sup>nd</sup> Thursday of the month *except* for October and June. Those meetings are the **first** Thursday of the month.



## 2017-2018 OCM BOCES School Calendar

|                    | M  | T  | W  | T  | F  |
|--------------------|----|----|----|----|----|
| <b>AUG</b><br>(01) |    | 1  | 2  | 3  | 4  |
|                    | 7  | 8  | 9  | 10 | 11 |
|                    | 14 | 15 | 16 | 17 | 18 |
|                    | 21 | 22 | 23 | 24 | 25 |
|                    | 28 | 29 | 30 | 31 |    |
| <b>SEP</b><br>(19) | 4  | 5  | 6  | 7  | 8  |
|                    | 11 | 12 | 13 | 14 | 15 |
|                    | 18 | 19 | 20 | 21 | 22 |
|                    | 25 | 26 | 27 | 28 | 29 |
|                    |    |    |    |    | *1 |
| <b>OCT</b><br>(21) | 2  | 3  | 4  | 5  | 6  |
|                    | 9  | 10 | 11 | 12 | 13 |
|                    | 16 | 17 | 18 | 19 | 20 |
|                    | 23 | 24 | 25 | 26 | 27 |
|                    | 30 | 31 |    |    |    |
| <b>NOV</b><br>(18) | 6  | 7  | 8  | 9  | 10 |
|                    | 13 | 14 | 15 | 16 | 17 |
|                    | 20 | 21 | 22 | 23 | 24 |
|                    | 27 | 28 | 29 | 30 |    |
|                    |    |    |    |    |    |
| <b>DEC</b><br>(16) | 4  | 5  | 6  | 7  | 8  |
|                    | 11 | 12 | 13 | 14 | 15 |
|                    | 18 | 19 | 20 | 21 | 22 |
|                    | 25 | 26 | 27 | 28 | 29 |
|                    |    |    |    |    | 1  |
| <b>JAN</b><br>(21) | 1  | 2  | 3  | 4  | 5  |
|                    | 8  | 9  | 10 | 11 | 12 |
|                    | 15 | 16 | 17 | 18 | 19 |
|                    | 22 | 23 | 24 | 25 | 26 |
|                    | 29 | 30 | 31 |    |    |

|                    | M  | T  | W  | T  | F  |
|--------------------|----|----|----|----|----|
| <b>FEB</b><br>(15) |    |    |    | 1  | 2  |
|                    | 5  | 6  | 7  | 8  | 9  |
|                    | 12 | 13 | 14 | 15 | 16 |
|                    | 19 | 20 | 21 | 22 | 23 |
|                    | 26 | 27 | 28 |    |    |
| <b>MAR</b><br>(21) | 5  | 6  | 7  | 8  | 9  |
|                    | 12 | 13 | 14 | 15 | 16 |
|                    | 19 | 20 | 21 | 22 | 23 |
|                    | 26 | 27 | 28 | 29 | 30 |
|                    |    |    |    |    |    |
| <b>APR</b><br>(16) | 2  | 3  | 4  | 5  | 6  |
|                    | 9  | 10 | 11 | 12 | 13 |
|                    | 16 | 17 | 18 | 19 | 20 |
|                    | 23 | 24 | 25 | 26 | 27 |
|                    | 30 |    |    |    |    |
| <b>MAY</b><br>(22) |    | 1  | 2  | 3  | 4  |
|                    | 7  | 8  | 9  | 10 | 11 |
|                    | 14 | 15 | 16 | 17 | 18 |
|                    | 21 | 22 | 23 | 24 | 25 |
|                    | 28 | 29 | 30 | 31 |    |
| <b>JUN</b><br>(16) |    |    |    |    | 1  |
|                    | 4  | 5  | 6  | 7  | 8  |
|                    | 11 | 12 | 13 | 14 | 15 |
|                    | 18 | 19 | 20 | 21 | 22 |
|                    | 25 | 26 | 27 | 28 | 29 |

August 31 Staff Day  
 September 1 \*No Instructional Staff  
 September 4 Labor Day  
 September 5 Staff Day  
 September 6 First Day of School  
 October 9 Columbus Day  
 November 7 Staff Day  
 November 10 Veterans Day Observance  
 November 22-24 Thanksgiving Recess  
 December 25-Jan 1 Christmas Recess

January 15 Martin Luther King Day  
 January 22-25 Regents Exams  
 February 19-23 President's Day/Winter Recess  
 March 14 Staff Day  
 March 30 Good Friday  
 April 23-27 Spring Recess  
 May 28 Memorial Day  
 June 12-21 Regents Exams  
 June 22 Staff Day

Holiday
  Staff Development
  Regents

186 Staff Days

Adopted: 03/16/2017



## OCM BOCES Special Education Department Leadership Team

**Rosanna Grund:** *Director*

[rgrund@ocmboces.org](mailto:rgrund@ocmboces.org)

General office phone: 315-453-4467      Direct phone: 315-453-4477

- Crown Rd. Campus
- TEAM Baker High School - Baldwinsville

**Karen Koch:** *Assistant Director of Special Education*

[kkoch@ocmboces.org](mailto:kkoch@ocmboces.org)

General office phone: 315-453-4467      Direct phone: 315-453-4489

- Adolescent Day Treatment (ADT) at Henry Campus
- Transitional Education Program (TEP) - Henry Campus
- AHSED (Formerly known as the GED Program) - Henry Center

**Barb Brigham:** *Special Education Administrator*

[bbrigham@ocmboces.org](mailto:bbrigham@ocmboces.org)

Office/Direct Phone: 315-488-9034      Office: Solvay Middle School

- Deaf and Hard of Hearing Program
- Team Solvay - Solvay MS
- Itinerant Teachers of the Deaf
- Audiologists
- Teachers of the Visually Impaired

**Bryan Finlon:** *Principal of Special Education*

[bfinlon@ocmboces.org](mailto:bfinlon@ocmboces.org)

General office phone: 315-453-4441      Direct phone: 315-453-4468

- SED Middle School Crown Rd. 7-8
- Crossroads SED High School – Crown Rd. 9-12
- TEP 9-12 Crown Rd.

**Annmarie Rossomano:** *Special Education Administrator*

[arossomano@ocmboces.org](mailto:arossomano@ocmboces.org)

General office phone: 315-362-2694      Direct phone: 315.362-2690

Office: Henry Campus Building A

- SKATE Program - Smith Road Elementary, Camillus Middle School, Fremont Elementary, Pine Grove Elementary, Palmer Elementary, East Syr. Elementary
- TEAM West Genesee - Split Rock Elementary

**Julie Darmody-Latham:** *Principal of Special Education*

[jdarmody-latham@ocmboces.org](mailto:jdarmody-latham@ocmboces.org)

General office phone: 315-453-4469      Direct phone: 315-453-4409

- SED Elementary Crown Rd., K-6

**Beth Cooper:** *Special Education Administrator*

[bcooper@ocmboces.org](mailto:bcooper@ocmboces.org)

General office phone: 315-362-2694      Direct phone: 315-362-2693  
Fax: 315-362-2692      Office: Henry Campus Building A

- SED LaFayette Jr. Sr. High 9-12
- SED Reynolds Elementary School, Baldwinsville, 1-3
- SED Camillus Middle School, West Genesee, 6-8
- SED Behavior Management Longbranch Elementary - Liverpool (4-6)
- SED Ray Middle School 6-7
- Related Services Coordinator
- Work-Based Learning Coordinator

**Cheryl Rogers:** *Special Education Administrator McEvoy- Cortlandville Campus*

[crogers@ocmboces.org](mailto:crogers@ocmboces.org)

General office phone: 607-758-5241      Direct phone: 607-758-5114

- Stellata McEvoy- Cortlandville Campus
- STAR Program - Homer School District
- SKATE Homer El. K-2
- TEAM 9-12 Cortland Junior Senior High
- Transition SUNY Cortland

**David Gaffey:** *Principal of Special Education McEvoy- Cortlandville Campus*

[dgaffey@ocmboces.org](mailto:dgaffey@ocmboces.org)

General office phone: 607-758-5241      Direct phone: 607-758-5113

- SED McEvoy K - 12 - McEvoy- Cortlandville Campus
- Turning Point Day Treatment SED K - 12 - McEvoy- Cortlandville Campus

**Ryan Oyer:** *Special Education Administrator*

[royer@ocmboces.org](mailto:royer@ocmboces.org)

General office phone: 315-453-4469      Direct phone: 315-453-4437

- Stellata - CTC
- SKATE - ESM High School
- SKATE - CNY High School
- Transition - OCC

**Dominique Ricciardelli Psy.D:** *School Psychologist*

[dricciardelli@ocmboces.org](mailto:dricciardelli@ocmboces.org)      Direct phone: 315-453-4613

- Comprehensive Educational Technical Assistance Service(CETAS) - District



| BOCES Special Ed. Program                             | Supervisor             | Supervisor Email   | Support Staff   | Support Staff Email  | Office Phone |
|---|------------------------|--|-----------------|--|--------------|
| Adolescent Day Treatment (ADT) Henry Admin.           | Karen Koch             | <a href="mailto:kkoch@ocmboces.org">kkoch@ocmboces.org</a>                     | Brenda Cussen   | <a href="mailto:bcussen@ocmboces.org">bcussen@ocmboces.org</a>       | 315-453-4441 |
| AHSEP- Henry Admin                                    | Karen Koch             | <a href="mailto:kkoch@ocmboces.org">kkoch@ocmboces.org</a>                     | Brenda Cussen   | <a href="mailto:bcussen@ocmboces.org">bcussen@ocmboces.org</a>       | 315-453-4441 |
| CETAS Comprehensive Ed. Technical Assistance Services | Dominique Ricciardelli | <a href="mailto:dricciardelli@ocmboces.org">dricciardelli@ocmboces.org</a>     |                 |  | 315-453-4613 |
| Crossroads SED (High School 9-12) Crown Rd. Campus    | Bryan Finlon           | <a href="mailto:bfinlon@ocmboces.org">bfinlon@ocmboces.org</a>                 | Sue O'Bryan     | <a href="mailto:sobryan@ocmboces.org">sobryan@ocmboces.org</a>       | 315-453-4441 |
| Deaf & Hard of Hearing Solvay El, MS and HS.          | Barbara Brigham        | <a href="mailto:bbrigham@ocmboces.org">bbrigham@ocmboces.org</a>               | Stephanie Mills | <a href="mailto:smills@ocmboces.org">smills@ocmboces.org</a>         | 315-488-9034 |
| OCM Transition - OCC                                  | Ryan Oyer              | <a href="mailto:royer@ocmboces.org">royer@ocmboces.org</a>                     | Valerie Boyd    | <a href="mailto:vboyd@ocmboces.org">vboyd@ocmboces.org</a>           | 315-453-4469 |
| OCM Transition - SUNY Cortland *                      | Cheryl Rogers          | <a href="mailto:crogers@ocmboces.org">crogers@ocmboces.org</a>                 | Camille Traver  | <a href="mailto:ctraver@ocmboces.org">ctraver@ocmboces.org</a>       | 607-758-5241 |
| Related Services                                      | Beth Cooper            | <a href="mailto:bcooper@ocmboces.org">bcooper@ocmboces.org</a>                 | Dale Vigliotti  | <a href="mailto:dvigliotti@ocmboces.org">dvigliotti@ocmboces.org</a> | 315-362-2694 |
| SED (Elementary ) Crown Rd. Campus K-5                | Julie Darmody- Latham  | <a href="mailto:jdarmody-latham@ocmboces.org">jdarmody-latham@ocmboces.org</a> | Valerie Boyd    | <a href="mailto:vboyd@ocmboces.org">vboyd@ocmboces.org</a>           | 315-453-4469 |
| SED (Middle School ) Crown Rd. Campus 6-8             | Bryan Finlon           | <a href="mailto:bfinlon@ocmboces.org">bfinlon@ocmboces.org</a>                 | Sue O'Bryan     | <a href="mailto:sobryan@ocmboces.org">sobryan@ocmboces.org</a>       | 315-453-4441 |
| SED Camillus MS                                       | Beth Cooper            | <a href="mailto:bcooper@ocmboces.org">bcooper@ocmboces.org</a>                 | Dale Vigliotti  | <a href="mailto:dvigliotti@ocmboces.org">dvigliotti@ocmboces.org</a> | 315-362-2694 |
| SED LaFayette Jr-Sr                                   | Beth Cooper            | <a href="mailto:bcooper@ocmboces.org">bcooper@ocmboces.org</a>                 | Dale Vigliotti  | <a href="mailto:dvigliotti@ocmboces.org">dvigliotti@ocmboces.org</a> | 315-362-2694 |
| SED Cortlandville Campus 5-6 and 7-12 *               | David Gaffey           | <a href="mailto:dgaaffey@ocmboces.org">dgaaffey@ocmboces.org</a>               | Julie Baldwin   | <a href="mailto:jbaldwin@ocmboces.org">jbaldwin@ocmboces.org</a>     | 607-758-5241 |
| SED Longbranch  | Beth Cooper            | <a href="mailto:bcooper@ocmboces.org">bcooper@ocmboces.org</a>                 | Dale Vigliotti  | <a href="mailto:dvigliotti@ocmboces.org">dvigliotti@ocmboces.org</a> | 315-362-2694 |
| SED Ray Middle School (Baldwinsville)                 | Beth Cooper            | <a href="mailto:bcooper@ocmboces.org">bcooper@ocmboces.org</a>                 | Dale Vigliotti  | <a href="mailto:dvigliotti@ocmboces.org">dvigliotti@ocmboces.org</a> | 315-362-2694 |
| SED Reynolds Elementary (Baldwinsville)               | Beth Cooper            | <a href="mailto:bcooper@ocmboces.org">bcooper@ocmboces.org</a>                 | Dale Vigliotti  | <a href="mailto:dvigliotti@ocmboces.org">dvigliotti@ocmboces.org</a> | 315-362-2694 |
| SKATE CMS   | Annmarie Rossomano     | <a href="mailto:arossomano@ocmboces.org">arossomano@ocmboces.org</a>           | Terry Amidon    | <a href="mailto:tamidon@ocmboces.org">tamidon@ocmboces.org</a>       | 315-362-2691 |
| SKATE ESM   | Ryan Oyer              | <a href="mailto:royer@ocmboces.org">royer@ocmboces.org</a>                     | Valerie Boyd    | <a href="mailto:vboyd@ocmboces.org">vboyd@ocmboces.org</a>           | 315-453-4469 |
| SKATE Homer *   | Cheryl Rogers          | <a href="mailto:crogers@ocmboces.org">crogers@ocmboces.org</a>                 | Camille Traver  | <a href="mailto:ctraver@ocmboces.org">ctraver@ocmboces.org</a>       | 607-758-5241 |
| SKATE Fremont Elementary (ESM)                        | Annmarie Rossomano     | <a href="mailto:arossomano@ocmboces.org">arossomano@ocmboces.org</a>           | Terry Amidon    | <a href="mailto:tamidon@ocmboces.org">tamidon@ocmboces.org</a>       | 315-362-2691 |
| SKATE Palmer (Baldwinsville)                          | Annmarie Rossomano     | <a href="mailto:arossomano@ocmboces.org">arossomano@ocmboces.org</a>           | Terry Amidon    | <a href="mailto:tamidon@ocmboces.org">tamidon@ocmboces.org</a>       | 315-362-2691 |
| SKATE Pine Grove Middle School (ESM)                  | Annmarie Rossomano     | <a href="mailto:arossomano@ocmboces.org">arossomano@ocmboces.org</a>           | Terry Amidon    | <a href="mailto:tamidon@ocmboces.org">tamidon@ocmboces.org</a>       | 315-362-2691 |
| SKATE- Primary Walberta (Westhill)                    | Annmarie Rossomano     | <a href="mailto:arossomano@ocmboces.org">arossomano@ocmboces.org</a>           | Terry Amidon    | <a href="mailto:tamidon@ocmboces.org">tamidon@ocmboces.org</a>       | 315-362-2691 |
| SKATE Smith Rd. (NS)                                  | Annmarie Rossomano     | <a href="mailto:arossomano@ocmboces.org">arossomano@ocmboces.org</a>           | Terry Amidon    | <a href="mailto:tamidon@ocmboces.org">tamidon@ocmboces.org</a>       | 315-362-2691 |
| SKATE East Syracuse El. (ESM)                         | Annmarie Rossomano     | <a href="mailto:arossomano@ocmboces.org">arossomano@ocmboces.org</a>           | Terry Amidon    | <a href="mailto:tamidon@ocmboces.org">tamidon@ocmboces.org</a>       | 315-362-2691 |
| SKATE Cicero North Syr. HS                            | Ryan Oyer              | <a href="mailto:royer@ocmboces.org">royer@ocmboces.org</a>                     | Valerie Boyd    | <a href="mailto:vboyd@ocmboces.org">vboyd@ocmboces.org</a>           | 315-453-4469 |
| STAR Homer El/Int/Jr and Sr. High *                   | Cheryl Rogers          | <a href="mailto:crogers@ocmboces.org">crogers@ocmboces.org</a>                 | Camille Traver  | <a href="mailto:ctraver@ocmboces.org">ctraver@ocmboces.org</a>       | 607-758-5241 |
| Stellata Crown Rd. Campus                             | Ryan Oyer              | <a href="mailto:royer@ocmboces.org">royer@ocmboces.org</a>                     | Valerie Boyd    | <a href="mailto:vboyd@ocmboces.org">vboyd@ocmboces.org</a>           | 315-453-4469 |
| Stellata Cortlandville Campus *                       | Cheryl Rogers          | <a href="mailto:crogers@ocmboces.org">crogers@ocmboces.org</a>                 | Camille Traver  | <a href="mailto:ctraver@ocmboces.org">ctraver@ocmboces.org</a>       | 607-758-5241 |
| TEAM Baker High School (Baldwinsville)                | Rosanna Grund          | <a href="mailto:rgrund@ocmboces.org">rgrund@ocmboces.org</a>                   | Brenda Cussen   | <a href="mailto:bcussen@ocmboces.org">bcussen@ocmboces.org</a>       | 315-453-4467 |
| TEAM Cortland *                                       | Cheryl Rogers          | <a href="mailto:crogers@ocmboces.org">crogers@ocmboces.org</a>                 | Camille Traver  | <a href="mailto:ctraver@ocmboces.org">ctraver@ocmboces.org</a>       | 607-758-5241 |



|  |                      |  |                          |  |              |
|--|----------------------|--|--------------------------|--|--------------|
| TEAM Solvay  | Barbara Brigham      | <a href="mailto:bbrigham@ocmboces.org">bbrigham@ocmboces.org</a>       | Stephanie Mills          | <a href="mailto:smills@ocmboces.org">smills@ocmboces.org</a>         | 315-488-9034 |
| TEAM Splitrock (WG)  | Annamarie Rossonmano | <a href="mailto:arossonmano@ocmboces.org">arossonmano@ocmboces.org</a> | Terry Arnidon            | <a href="mailto:tarnidon@ocmboces.org">tarnidon@ocmboces.org</a>     | 315-362-2691 |
| Transitional Educational Program - TEP                               | Bryan Finlon         | <a href="mailto:bfinlon@ocmboces.org">bfinlon@ocmboces.org</a>         | Brenda Cussen            | <a href="mailto:bcussen@ocmboces.org">bcussen@ocmboces.org</a>       | 315-453-4441 |
| Crown Rd. Campus   |                      |  |                          |  |              |
| Transitional Educational Program Sr. SED (TEP Sr.) Henry             | Karen Koch           | <a href="mailto:kkoch@ocmboces.org">kkoch@ocmboces.org</a>             | Dale Vigliotti           | <a href="mailto:dvigliotti@ocmboces.org">dvigliotti@ocmboces.org</a> | 315-362-2694 |
| Transitional Educational Program TEP-Cortlandville Campus *          | David Gaffey         | <a href="mailto:dgaffey@ocmboces.org">dgaffey@ocmboces.org</a>         | Julie Baldwin            | <a href="mailto:jfbaldwin@ocmboces.org">jfbaldwin@ocmboces.org</a>   | 607-758-5241 |
| Turning Point Day Treatment SFD 7-12 Cortlandville Campus *          | David Gaffey         | <a href="mailto:dgaffey@ocmboces.org">dgaffey@ocmboces.org</a>         | Julie Baldwin            | <a href="mailto:jfbaldwin@ocmboces.org">jfbaldwin@ocmboces.org</a>   | 607-758-5241 |
| Turning Point Day Treatment SFD K-6 Cortlandville Campus *           | David Gaffey         | <a href="mailto:dgaffey@ocmboces.org">dgaffey@ocmboces.org</a>         | Julie Baldwin            | <a href="mailto:jfbaldwin@ocmboces.org">jfbaldwin@ocmboces.org</a>   | 607-758-5241 |
| Work Based Learning  | Beth Cooper          | <a href="mailto:bcooper@ocmboces.org">bcooper@ocmboces.org</a>         | Dale Vigliotti           | <a href="mailto:dvigliotti@ocmboces.org">dvigliotti@ocmboces.org</a> | 315-362-2694 |
| * All Cortlandville Campus Based Programs-purchasing and School Tool |                      |  | Marcia (Barden) Jacobson | <a href="mailto:mjacobson@ocmboces.org">mjacobson@ocmboces.org</a>   | 607-758-5203 |



## Special Education Quick Program Guide 2017-2018

| Name of Program                | COSER/Budget Code | Virtual Code<br>BOCES Districts          | Supervisor                         | Location                             | Grade Level  | Program Configuration | Annual Tuition | Bundled Counseling Charge |
|--------------------------------|-------------------|--|------------------------------------|--------------------------------------|--------------|-----------------------|----------------|---------------------------|
| AHSEP (TASC)                   | 223.100           | 2201                                     | Karen Koch<br>315-420-4655         | Henry Center                         | Grades 11-12 | 15:1                  | 9086           |                           |
| STAR                           | 224.100           | El 2205<br>In 2206<br>JH 2208<br>HS 2207 | Cheryl Rogers<br>607-758-5114      | Homer School District                | Grades K-12  | 12:1:1                | 21,016         |                           |
| Deaf & Hard of Hearing         | 280.100           | El 2802<br>MS 2803<br>HS 2207            | Barb Brigham<br>315-488-9034       | Solvay SD                            | Grades K-12  | 12:1:1                | 33,245         |                           |
| TEAM Splitrock                 | 263.100           | 2614                                     | Annmarie Rossomano<br>315-420-4528 | Split Rock Elementary<br>W. Genesee  | Grades K-5   | 12:1:4                | 33,792         |                           |
| TEAM Baker High School         | 263.100           | 2609                                     | Rosanna Grund<br>315-453-4467      | Baker High School B'ville            | Grades 9-12  | 12:1:4                | 33,792         |                           |
| TEAM Solvay                    | 263.100           | 2607                                     | Barb Brigham<br>315-488-9034       | Solvay MS                            | Grades 4-8   | 12:1:4                | 33,792         |                           |
| TEAM Cortland                  | 263.100           | 2616                                     | Cheryl Rogers<br>607-758-5114      | Cortland Jr. Sr. High School         | Grades 7-9   | 12:1:4                | 33,792         |                           |
| Stellata CTC                   | 263.100           | 2602                                     | Ryan Oyer<br>315-399-6207          | Crown Rd. Liverpool                  | Grades K-12  | 12:1:4                | 33,792         | 1,836                     |
| Stellata McEvoy                | 263.100           | 2601                                     | Cheryl Rogers<br>607-758-5114      | McEvoy / Cortlandville               | Grades K-12  | 12:1:4                | 33,792         | 1,836                     |
| SKATE ESM                      | 263.200           | 2613                                     | Ryan Oyer<br>315-399-6207          | ESM High School                      | Grades 9-12  | 12:1:4                | 33,792         | 8,891                     |
| SKATE CNS                      | 263.200           | 4165                                     | Ryan Oyer<br>315-399-6207          | CNS High School                      | Grades 9-12  | 12:1:4                | 33,792         | 8,891                     |
| SKATE Smith Rd.                | 263.200           | 2612                                     | Annmarie Rossomano<br>315-420-4528 | Smith Rd. North Syracuse Schools     | Grades K-2   | 12:1:4                | 33,792         | 8,891                     |
| SKATE East Syracuse Elementary | 263.200           | 2605                                     | Annmarie Rossomano<br>315-420-4528 | East Syracuse El. East Syr. Minoa    | Grades 3-5   | 12:1:4                | 33,792         | 8,891                     |
| SKATE CMS                      | 263.200           | 2604                                     | Annmarie Rossomano<br>315-420-4528 | Camillus Middle School<br>W. Genesee | Grades 6-8   | 12:1:4                | 33,792         | 8,891                     |



| Name of Program                | COSER/Budget Code | Virtual Code<br>BOCES Districts | Supervisor                        | Location                         | Grade Level | Program Configuration | Annual Tuition | Bundled Counseling |
|--------------------------------|-------------------|---------------------------------|-----------------------------------|----------------------------------|-------------|-----------------------|----------------|--------------------|
| SKATE Freemont Elementary      | 263.200           | 2611 4131                       | Anmarie Rossomano<br>315-420-4528 | Freemont Elementary Schools EMS  | Grades K-2  | 12:1:4                | 33,792         | 8,891              |
| SKATE Palmer                   | 263.200           | 2615 4150                       | Anmarie Rossomano<br>315-420-4528 | Palmer Elem. Baldwinville        | Grades 3-6  | 12:1:4                | 33,792         | 8,891              |
| SKATE Homer                    | 263.200           | 2618 4156                       | Cheryl Rogers<br>607-758-5114     | Homer Elementary                 | Grades K-2  | 12:1:4                | 33,792         | 8891.              |
| SKATE Pine Grove               | 263.200           | 4162                            | Anmarie Rossomano<br>315-420-4528 | Pine Grove Middle School ESM     | Grades 6-8  | 12:1:4                | 33,792         | 8891.              |
| SKATE- Primary Walberta        | 263.200           | 2617 4155                       | Anmarie Rossomano<br>315-420-4528 | Walberta Park Westhill           | Grades K-2  | 12:1:4                | 33,792         | 8,891.             |
| SED Long Branch                | 293.100           | 2911 4123                       | Beth Cooper<br>315-952-6364       | Long Branch El. Liverpool        | Grades 3-5  | 8:1:1                 | 35,099         | 2,244              |
| SED Crossroads-Crown Rd.       | 293.100           | 2902 4117                       | Bryan Finlon<br>315-317-0520      | Crown Rd. Liverpool              | Grades 9-12 | 8:1:1                 | 35,099         | 8,785              |
| Adolescent Day Treatment (ADT) | 293.100           | 2901 4103                       | Karen Koch<br>315-420-4655        | Henry Center                     | Grades 9-12 | 8:1:1                 | 35,099         | -----              |
| SED Ray Middle School          | 293.100           | 2912 4144                       | Beth Cooper<br>315-952-6364       | Ray Middle School B'ville        | Grades 6-7  | 8:1:1                 | 35,099         | 2,244              |
| SED LaFayette Jr-Sr            | 293.100           | 2913 4145                       | Beth Cooper<br>315-952-6364       | LaFayette JR SR High             | Grades 9-12 | 8:1:1                 | 35,099         | 2,244              |
| SED Reynolds                   | 293.100           | 2915 4151                       | Beth Cooper<br>315-952-6364       | Reynolds Elementary Baldwinville | Grades 2-4  | 8:1:1                 | 35,099         | 2,244              |
| SED Camillus MS                | 293.100           | 2917 4157                       | Beth Cooper<br>315-952-6364       | Camillus Middle                  | Grades 6-8  | 8:1:1                 | 35,099         | 2,244              |
| OCM Transition - OCC           | 263.200           | 3100 4158                       | Ryan Oyer<br>315-399-6207         | Onondaga Comm. College           | Ages 17-21  | 12:1:4                | 33,792         | 8,891              |
| OCM Transition - SUNY Cortland | 224.100           | 3101 4159                       | Cheryl Rogers<br>607-758-5114     | SUNY Cortland                    | Ages 17-21  | 12:1:1                | 21,016         | -----              |



| Name of Program                                       | COSER/Budget Code | Virtual Code<br>BOCES Districts | Supervisor                             | Location               | Grade Level | Program Configuration | Annual Tuition                 | Bundled Counseling Charge |
|---|-------------------|---------------------------------|--|------------------------|-------------|-----------------------|--------------------------------|---------------------------|
| SED Elementary Crown Rd.                              | 293.100           | 2914 4146                       | Julie Darmody-Latham<br>315-952-6306   | Crown Rd. Liverpool    | Grades K-6  | 8:1:1                 | 35,099                         | 2,244                     |
| SED Middle School Crown Rd.                           | 293.100           | 2914 4146                       | Bryan Finlon<br>315-317-0520           | Crown Rd. Liverpool    | Grades 7-8  | 8:1:1                 | 35,099                         | 2,244                     |
| Transitional Educational Program Sr. SED (TEP Henry)  | 293.100           | 2908 4116                       | Karen Koch<br>315-453-4489             | Henry Center           | Grades 9-12 | 8:1:1                 | 35,099                         |                           |
| Transitional Educational Program TEP 9-12 Crown Rd.   | 293.100           | 4166                            | Bryan Finlon<br>315-317-0520           | Crown Rd. Liverpool    | Grades 9-12 | 8:1:1                 | 35,099                         |                           |
| Transitional Educational Program TEP- McEvoy          | 293.100           | 2919 4161                       | David Gaffey<br>607-758-5113           | McEvoy / Cortlandville | Grades 9-12 | 8:1:1                 | 35,099                         |                           |
| Turning Point Day Treatment SED                       | 293.100           | 2909 4127                       | David Gaffey<br>607-758-5113           | McEvoy / Cortlandville | Grades K-6  | 8:1:1                 | 35,099                         | 9,425                     |
| Turning Point Day Treatment SED                       | 293.100           | 2910 4128                       | David Gaffey<br>607-758-5113           | McEvoy / Cortlandville | Grades 7-12 | 8:1:1                 | 35,099                         | 9,425                     |
| SED McEvoy 9-12                                       | 293.100           | 2910 4128                       | David Gaffey<br>607-758-5113           | McEvoy / Cortlandville | Grades 9-12 | 8:1:1                 | 35,099                         | 2,244                     |
| SED McEvoy K-6  | 293.100           | 2907 4127                       | David Gaffey<br>607-758-5113           | McEvoy / Cortlandville | Grades K-6  | 8:1:1                 | 35,099                         | 2,244                     |
| CETAS Comprehensive Ed. Technical Assistance Services | 547.500           |                                 | Dominique Ricciardelli<br>315-378-6207 | District               | Grades K-12 |                       | 765. Full Day<br>383. Half Day |                           |
| Work Based Learning                                   | 310               |                                 | Beth Cooper<br>315-362-2693            | Various                | Various     |                       | 8,176<br>1:1 TA -<br>1,000     | -                         |

Updated 8/25/2017



## Related Services

### Consult & Individual

### GROUP

### HOURLY RATES FOR:

|   |  |        |
|---|--|--------|
| Adapted Physical Education, Audiology, Counseling, OT, PT, Speech | 89.00                                      | 135.00 |
| Visually Impaired and Orientation and Mobility Services           |  | 198.00 |
| OT, PT, Speech Evaluation   |  | 146.00 |
| Itinerant Teacher of the Deaf                                     |  | 233.00 |
| 1:1 Teaching Assistant or Interpreter                             |  | 40.00  |
| Interpreter: Extra Curricular                                     |  | 30.00  |
| IMP – Intensive Management Program – Psychiatric Services         | \$9,240 per year or \$4,620 of half a year |        |

Hourly rates are billed: *X times per (week, month, or year) for Group, Consult & Individual respectively times the duration in minutes or hours.*  
 (Consult & Individual billed as Individual due to same rate)



## School to Work 2017-2018

|                |   |  |
|----------------|---|--|
| Base Rate:     | \$4000. <b>Fixed rate</b> which covers the costs of the school to work coordinators.  | \$1800. <b>Fixed rate</b> which covers the costs of the school to work coordinators.   |
| Session Rate:  | <p>\$36 per ½ day which covers the cost of the job coach.</p> <p>This gets adjusted based on the number of days per week, <i>plus actual start and end dates</i>.</p> <p>2- days per week: \$4000 base plus session fee of \$2,560 = \$6,560</p> <p>3- days per week: \$4000 base plus session fee of \$3,840 = \$7,840</p> <p>5- days per week: \$4000 base plus session fee of \$6,400 = \$10,400</p> | <p>\$33 per ½ day which covers the cost of job coach.</p> <p>This gets adjusted based on the number of days per week, <i>plus actual start and end dates</i></p> <p>2- days per week: \$1800 base plus session fee of \$2,560 = \$4360<br/>+Transportation Cost</p> <p>3- days per week: \$1800 base plus session fee of \$3,840. = \$5640<br/>+Transportation Cost</p> <p>5- days per week: \$1800 base plus session fee of \$6,400 = \$8200<br/>+Transportation Cost</p> |
| Transportation | Provided by districts.  | Provided by BOCES for additional cost.   |

Updated 8/23/17

**OCM BOCES Special Education - Fall Arrival and Departure Times 2017-2018**

| Location                                  | Program  | Arrival | Departure |
|---|--|---------|-----------|
| Baker HS                                  | TEAM   | 7:15    | 2:00      |
| Camillus Middle School                    | SKATE and SED  | 7:30    | 2:00      |
| Cicero North Syracuse HS                  | SKATE  | 8:00    | 2:00      |
| Cortland Jr. Sr. High                     | TEAM   | 7:45    | 2:30      |
| CTC Programs                              | Stellata, SED Crossroads                                   | 8:30    | 2:30      |
| East Syracuse Elementary                  | SKATE  | 7:45    | 1:45      |
| ESM High School                           | SKATE  | 8:15    | 2:15      |
| Fremont Elementary                        | SKATE  | 7:50    | 1:50      |
| Homer Elementary                          | STAR and SKATE   | 8:45    | 2:45      |
| Homer High School                         | STAR   | 8:05    | 2:30      |
| Homer Intermediate                        | STAR   | 8:30    | 3:20      |
| Homer Junior High                         | STAR   | 7:45    | 2:15      |
| LaFayette                                 | SED Sr High School   | 7:50    | 2:35      |
| Longbranch                                | SED  | 8:30    | 3:00      |
| McEvoy                                    | All Special Education McEvoy Programs                      | 8:30    | 2:30      |
| OCM BOCES Thompson Rd.                    | TEP  | 8:15    | 10:30     |
|   |  | 12:00   | 2:15      |
| OCM BOCES Thompson Rd.                    | ADT  | 8:15    | 2:30      |
| Onondaga Community College Coyne Building | Transition Class   | 8:15    | 2:15      |
| Palmer Elementary                         | Skate  | 8:45    | 2:45      |
| Pine Grove Middle School                  | SKATE  | 7:45    | 2:00      |
| Ray Middle School : B'ville               | Elementary SED   | 7:40    | 2:10      |
| Reynolds Elementary: B'ville              | SED Reynolds * No Buses are to enter the side parking lot. | 8: 40   | 3:10      |
| Smith Rd. Elementary                      | SKATE  | 8:45    | 2:45      |
| Solvay Elementary                         | Deaf/Hard of Hearing Program                               | 8:45    | 3:10      |
| Solvay High School                        | Deaf and Hard of Hearing Program                           | 7:20    | 2:05      |
| Solvay Middle                             | Deaf and Hard of Hearing Program/TEAM                      | 7:45    | 2:35      |
| Splitrock Elementary                      | TEAM   | 8:45    | 2:45      |
| SUNY Cortland: Van Hoesen Bldg.           | Transition Class   | 8:15    | 2:15      |
| Thompson Road                             | AHSEP (Former GED)   | 8:15    | 12:00     |
|   |  | 11:00   | 2:45      |
| Walberta Park: Westhill                   | Skate  | 8:25    | 2:25      |

**OCMBOCES**

*Committed to Your Success*



## **Special Education**

### **Green Sheet Billing Process**

- \* Billing Calendar
- \* Billing Process
- \* School to Work Rates
- \* Student Enrollment Form (Green Sheet) updated 7/17
- \* Student Change Form (Yellow Sheet)

## Special Education

### Green Sheet/Billing Process

COSERS: 223, 224, 263, 280, 293, 310, 340, 360, 547, 745, 746

|   |                                  |  |
|---|----------------------------------|--|
| <p><b>District Completes Green Sheet for program enrollment or Evaluation Request using IEP and shares IEP through IEP Direct</b></p>   | <p>For --</p>                    | <p><b>New Services Including:</b><br/>Entrance into Special Ed Program<br/>Itinerant Related Services only TVI, O&amp;M &amp; TOD<br/>Evaluations including any type for BOCES program students<br/>TVI, O&amp;M &amp; TOD for student in district program</p>   |
| <p><b>Mail to BOCES Program Supervisor</b></p> <p>Supervisor verifies all information and accepts IEP Share<br/>(Program and related service along with school to work)</p>   | <p>If Discrepancies noted --</p> | <p>Supervisor calls district. Agreed upon changes are made to Green Sheet. <b>District</b> sends an email confirming the agreed upon changes.</p>  |
| <p><b>When Accurate</b></p> <p>Assistant Director mails to Billing Clerk in the Business Office<br/>The billing clerk enters information into BOCES direct</p> <p><b>Bill is sent monthly to District Business Offices.</b></p> |                                  | <p><b>Special Education Program COSERS:</b></p> <p>223: AHSEP TASC<br/>224: STAR<br/>263: SKATE, TEAM &amp; Stellata<br/>280: Deaf and Hard of Hearing<br/>293: SED<br/>310: School to work<br/>340: Teacher of the VI &amp; Mobility<br/>360: Itinerant Teacher of Deaf<br/>547: CETAS Services<br/>745: Related Services/Therapists – for program students<br/>746: Related Services/TA's &amp; TAI's – for program students</p> |

An updated report of current enrollment and billing is sent out immediately after October, January, March, May billings to Special Ed Directors. Any changes must be requested using proper documentation with signature (green sheet and change forms) to program supervisor.

Updated 6/13/16 so



**STUDENT ENROLLMENT FORM FOR:**

**2017-2018** School Year

**DISTRICT:** \_\_\_\_\_

**DIRECTIONS**

Use for each student starting in a new school year, whether new to the district or returning from the year. Send completed form and attachments to the OCM BOCES Program Supervisor for the program the student will be enrolled in.

**Check Attachments:**

\_\_\_\_ IEP (Shared in IEP Direct)  
\_\_\_\_ Pupil Progress Reports previous  
\_\_\_\_ Psychological Evaluation  
\_\_\_\_ Medical/Immunization Records  
\_\_\_\_ 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)**

**Relationship:** \_\_\_\_\_

Parent-Foster Parent- Guardian-Grandparent

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**SECONDARY PARENT/CONTACT DATA**

**Relationship:** \_\_\_\_\_

Parent-Foster Parent- Guardian-Grandparent

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work 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

**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  
\_\_\_\_\_ 263.1 TEAM \_\_\_\_\_ 293.1 Turning Point Day TX K-12  
\_\_\_\_\_ 263.1 Stellata \_\_\_\_\_ 293.1 SED 5-6 McEvoy  
\_\_\_\_\_ 263.2 SKATE \_\_\_\_\_ 293.1 ADT \_\_\_\_\_ 293.1 SED 7-12 McEvoy  
\_\_\_\_\_ 263.2 OCM Transition- OCC \_\_\_\_\_ 293.1 SED K-6 CTC  
\_\_\_\_\_ 224.1 OCM Transition- SUNY Cortland \_\_\_\_\_ 293.1 SED 7-8 CTC  
\_\_\_\_\_ 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<br>EA. SESSION | FREQUENCY<br>PER WEEK PER MONTH | STAFF NAME |
|--|-------------------------|----------------------------|---------------------------------|------------|
| ADAPTED PE (APE)   | GROUP<br>1:1            | _____                      | _____                           | _____      |
| AUDIOLOGY  | GROUP<br>1:1 or Consult | _____                      | _____                           | _____      |
| COUNSELING<br>(Bundled charge with<br>most SED Programs) | GROUP<br>1:1<br>CONSULT | _____                      | _____                           | _____      |
| IMP -Intense Mngmt Program                               | 1:1                     | _____                      | _____                           | _____      |
| OCCUPATIONAL THERAPY                                     | GROUP<br>1:1 or Consult | _____                      | _____                           | _____      |
| PHYSICAL THERAPY   | GROUP<br>1:1 or Consult | _____                      | _____                           | _____      |
| SPEECH/LANGUAGE  | GROUP<br>1:1 or Consult | _____                      | _____                           | _____      |
| ITINERANT TEACHER OF<br>THE DEAF                         | 1:1<br>CONSULT          | _____                      | _____                           | _____      |
| VISUALLY IMPAIRED  | 1:1<br>CONSULT          | _____                      | _____                           | _____      |
| ORIENTATION & MOBILITY                                   | 1:1<br>CONSULT          | _____                      | _____                           | _____      |

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: \_\_\_\_\_

Please return to BOCES Program Supervisor

BILLING CHANGE DATE (No weekend dates)

**INDICATE TYPE OF CHANGE:**

DISTRICT CHANGE - STUDENT REMAINS IN CURRENT PROGRAM (new district must send new enrollment form)

PROGRAM DROP OR CHANGE - STUDENT REMAINS IN CURRENT DISTRICT

RELATED SERVICE DROP OR CHANGE

STUDENT INFO CHANGE

**REASON FOR CHANGE:**

I.E. MOVED, GRADUATED, ENTERED DISTRICT PROGRAM,  
DROPPED OUT, DECLASSIFIED, CHANGE IN IEP PER COMMITTEE

**CURRENT INFORMATION**

(please fill in all blanks)

STUDENT NAME DOB

FULL PROGRAM NAME TEACHER

DISTRICT NAME STUDENT NUMBER

**CHANGES**

(fill in all that apply)

NEW DISTRICT

NEW PROGRAM

NEW PROGRAM SITE NEW TEACHER

NEW STUDENT INFORMATION

**RELATED SERVICE AND TEACHING ASSISTANT CHANGES ON REVERSE.**

**SIGNATURES OF APPROVAL**

(IN BLUE INK ONLY)

District Superintendent

Date

CSE Chairperson

Date

BOCES Program Supervisor

Date

**NEW RELATED SERVICE INFORMATION:**

PLEASE INDICATE NEW SERVICE WITH DETAILS BELOW

You must complete this page if any changes occur in related services such as group vs. 1:1, frequency, or duration of such service, or if the student is adding or dropping a service

**RELATED SERVICE PROVIDED BY OCM BOCES PER IEP**

| RELATED SERVICE                  |                       | Duration of<br>Each Session | Frequency<br>Per <u>Week</u> /Per <u>Month</u> | BOCES<br>Staff Name | DROP,<br>OR<br>CHANGE |
|----------------------------------|-----------------------|-----------------------------|--|---------------------|-----------------------|
| ADAPTED PE (APE)                 | <u>Group</u>          |                             |  |                     |                       |
|                                  | <u>1:1</u>            |                             |  |                     |                       |
| AUDIOLOGY                        | <u>Group</u>          |                             |  |                     |                       |
|                                  | <u>1:1 or Consult</u> |                             |  |                     |                       |
| COUNSELING                       | <u>Group</u>          |                             |  |                     |                       |
| (included in some SED programs ) | <u>1:1 or Consult</u> |                             |  |                     |                       |
| OCCUPATIONAL THERAPY             | <u>Group</u>          |                             |  |                     |                       |
|                                  | <u>1:1 or Consult</u> |                             |  |                     |                       |
| PHYSICAL THERAPY                 | <u>Group</u>          |                             |  |                     |                       |
|                                  | <u>1:1 or Consult</u> |                             |  |                     |                       |
| SPEECH/LANGUAGE                  | <u>Group</u>          |                             |  |                     |                       |
|                                  | <u>1:1 or Consult</u> |                             |  |                     |                       |
| ITINERANT TEACHER OF             | <u>Group</u>          |                             |  |                     |                       |
| THE DEAF                         | <u>1:1 or Consult</u> |                             |  |                     |                       |
| TEACHER OF THE                   | <u>Group</u>          |                             |  |                     |                       |
| VISUALLY IMPAIRED                | <u>1:1 or Consult</u> |                             |  |                     |                       |
| ORIENTATION & MOBILITY           | <u>Group</u>          |                             |  |                     |                       |
|                                  | <u>1:1 or Consult</u> |                             |  |                     |                       |
| SCHOOL TO WORK                   | <u>Days per week</u>  |                             |  |                     |                       |

**NEW TEACHING ASSISTANT INFO:**

PLEASE INDICATE CHANGE IN DAILY HOURS

## BOCES 1:1 TEACHING ASSISTANT

           HOURS PER DAY (6 hours is 100%)

**Supervisor initials required to bill for 1:1 teaching assistant** \_\_\_\_\_



# Special Education Referral Process

Date of Referral: \_\_\_\_\_ District: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name of Person submitting request: \_\_\_\_\_

Title: \_\_\_\_\_

Program student is being referred to for review:

\_\_\_\_\_

Location of program: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(To be filled in by BOCES Administrator)

Date referral received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ (signature required)

Karen Koch, Assistant Director of Special Education

Action of referral:

\_\_\_\_\_ Placed at \_\_\_\_\_

\_\_\_\_\_ Referred to \_\_\_\_\_

\_\_\_\_\_ Date student placed in program.

Cc: Program Supervisor/Office

**Special Education**  
**Centralized Day Treatment Forms**

## Centralized Day Treatment Committee - Quick Facts

### Criteria for Referral

- Youth meets OMH eligibility requirements
- Ability to benefit from therapeutic intervention
- History of intervention, hospitalizations, medication
- Risk factors
- Family participation
- Deficits in adaptation to social, school, family settings
- Significant behavioral factors/symptoms
- Ages: 5-18

### Referral Process

- School District CSE determines the need for possible evaluation and/or alternative placement for a student
- School District personnel (typically a team that knows and works with the student) completes the Centralized Day Treatment Referral Packet
- The Referral Packet can be found at <http://specialeducation.ocmboces.org>. Click on "For District Use Only"
- It is preferred that the packet be electronically emailed to [bcussen@ocmboces.org](mailto:bcussen@ocmboces.org). If your district does not have scanning capabilities you may send the packet to Karen Koch at OCM BOCES, 4500 Crown Road, Liverpool, NY 13090
- Packet is reviewed by BOCES Special Education Office to determine if all components are included
- BOCES Special Education Office invites school representatives to attend the bi-monthly committee meeting to review the referral
- Referral information is shared with committee members to review prior to the meeting

### Contact Information

Rosanna Grund Director of Special Education at OCM BOCES  
[rgrund@ocmboces.org](mailto:rgrund@ocmboces.org)  
315-453-4467

Karen Koch, Assistant Director of Special Education  
Coordinator of the Centralized Day Treatment Committee

Adolescent Day Treatment Program - ADT (Ages 13-18)  
Henry Campus  
6820 Thompson Rd.  
Syracuse, NY 13221  
[kkoch@ocmboces.org](mailto:kkoch@ocmboces.org)  
315-453-4489

Sue Thomas, Program Director of Turning Point Day Treatment Program (Ages 5-18)  
McEvoy Center Cortlandville Campus  
1710 NYS Rte. 13  
Cortland, NY 13045  
[susanTCSS@rackerscenters.org](mailto:susanTCSS@rackerscenters.org)  
607-758-5141



## Day Treatment Referral Checklist

\_\_\_\_\_ Complete Day Treatment Centralized Committee referral forms.

\_\_\_\_\_ Educational Record: Please include a brief summary of the most salient features for making a referral to Day Treatment, which include;

- Issues that resulted in referral
- Academic achievement (strengths/weakness)
- Current functioning behaviors
- Educational interventions
- Disciplinary record
- Report card

\_\_\_\_\_ Current IEP

\_\_\_\_\_ Psychiatry Report, most current available

\_\_\_\_\_ Health Record

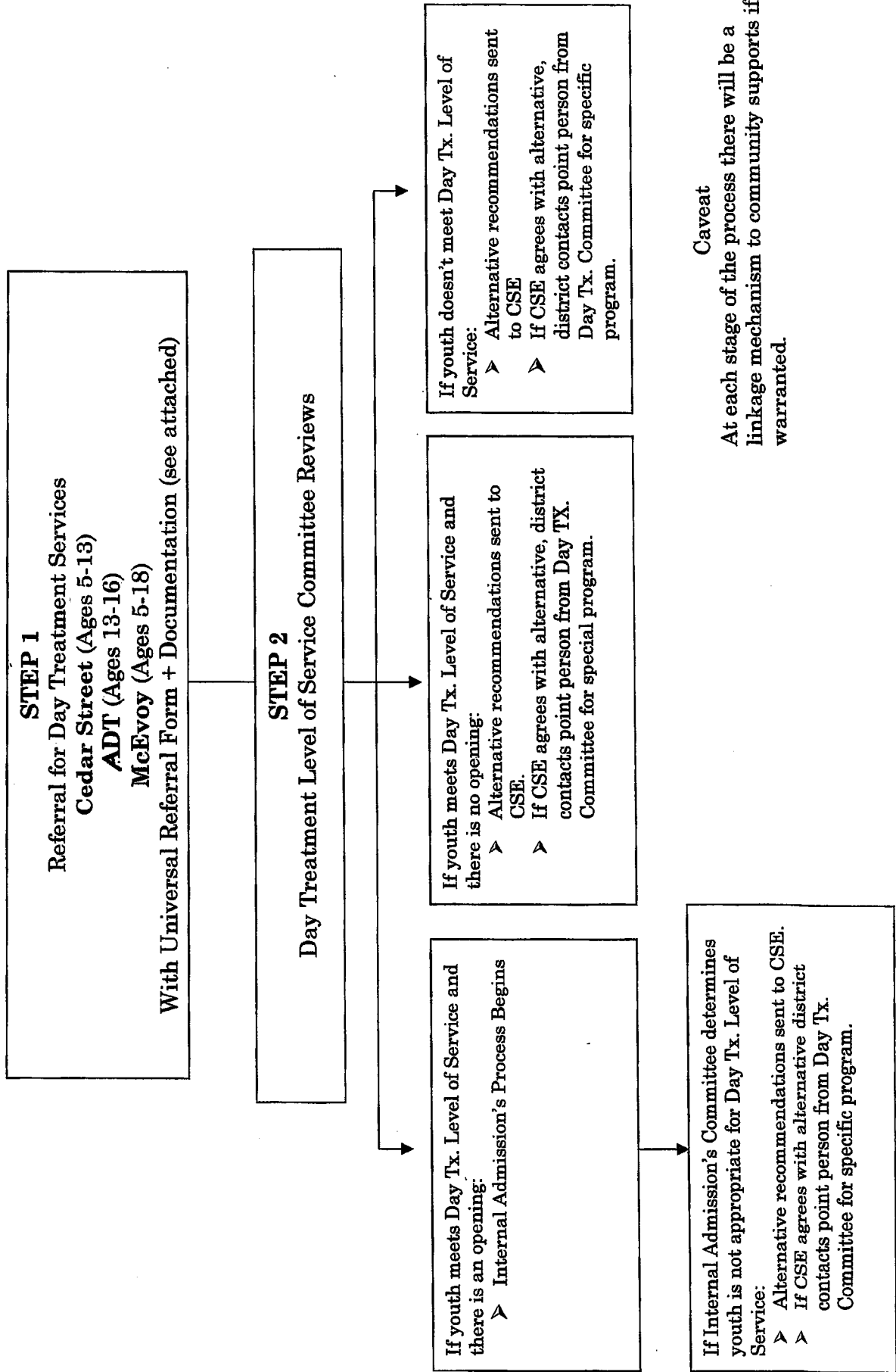
\_\_\_\_\_ Physical/Medical Information

- Development milestones

\_\_\_\_\_ Functional Behavioral Assessment A/O Behavioral Intervention Assessment(s)

\_\_\_\_\_ Release/Consent Forms – signed and dated

## Day Treatment Centralized Level of Service Process



# OCM BOCES

## Day Treatment Programs

### Adolescent Day Treatment Program

OCM BOCES Henry Campus

6820 Thompson Rd.

Syracuse, NY 13221

Ages: 12-18 (Grades 7-12)

### Turning Point Day Treatment Program

McEvoy – Cortlandville Campus

Rt. 13

Cortland, NY 13045

Ages: 5-18 (Grades K-12)

Collaboration/Therapeutic Component:

Franziska-Racker Center; NYS Dept. of Mental Health

**Day Treatment Centralized Committee**  
**REASON for REFERRAL**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Please indicate the Reason for Referral to Day Treatment Centralized Committee.**

What is the presenting problem?

1. Is the student having moderate behavioral issues in school?  
Describe.
  
2. Is the student having severe behavioral issues in school that  
Frequently disrupts his/her school day? Describe.
  
3. Is the student's school placement in jeopardy?
  
4. Has the student been hospitalized?
  
5. Other indications that have resulted in this referral (academic,  
home environment, social/emotions.) Please explain.



**CONSENT FOR EVALUATION BY DAY TREATMENT CENTRALIZED COMMITTEE  
FOR POSSIBLE PLACEMENT INTO DAY TREATMENT**

|   |         |                       |                       |
|---|---------|-----------------------|-----------------------|
| Youth's Name<br>(Last)  | (First) | (M.I.)                | Youth's Date of Birth |
| Youth's Address   |         |                       |                       |
| School District Name  |         |                       |                       |
| School District Address   |         |                       |                       |
| <p>I authorize the _____ to release clinical and educational<br/>(School District)</p> <p>Information to the Day Treatment Centralized Committee. I understand the Day Treatment centralized Committee will review and evaluate this information as to determine if my child meets criteria for Day Treatment programming in OCM BOCES.</p> <p>It is understood that this information will be used to evaluate my child for possible placement into Day Treatment. I also understand that the Day Treatment Centralized Committee may share this information with other OCM BOCES Special Education Programs. The Day Treatment Centralized Committee and OCM BOCES will maintain the confidentiality of this information.</p> <p>I also understand that:</p> <p>There is no time limit on this consent _____ (initial here)</p> <p>That I may revoke this consent at any time _____ (initial here)</p> |         |                       |                       |
| Signature of Child or Youth<br>(Where Appropriate and Available)  |         |                       |                       |
| Signature of Parent / Guardian<br>(Where Appropriate and Available)   |         | Relationship to Child |                       |
| Print Name Signed   |         | Date Signed           |                       |
| Signature of Witness  |         | Title                 |                       |
| Print Name Signed   |         | Date Signed           |                       |
| Signature of Person Completing Form   |         | Title                 |                       |
| Print Name Signed   |         | Date Signed           |                       |

**Witness & Person Completing Form Cannot Be the Same Person**

9/22/2006



# DAY TREATMENT CENTRALIZED COMMITTEE REFERRAL FORM

|  |  |   |   |
|--|--|---|---|
| Name   |  |   |   |
| (Last)   |  | (First)   |   |
| Address  |  | Date of Birth   | Age   |
|  |  |   | Sex<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| (Street)   |  | I.Q.  | Date of Test  |
| (City)   | (Zip code)   | (County)  |   |
| Axis 1 Diagnosis (if known)  |  |   |   |
| Social Security Number   |  | Medicaid Number   |   |
| Is This Child an SSI Recipient?  | Ethnicity  |   |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Eurasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> other <input type="checkbox"/> unknown |   |   |
| Child / Youth's School District of Residence   |  | School of Attendance if Different from School District of Residence |   |
| Primary Care Giver   |  |   |   |
| (Name)   |  | (Phone Number)  |   |
| (Street)   | (City)   | (Zip Code)  | (County)  |
| CUSTODIAN  |  |   |   |
| <input type="checkbox"/> Parent <input type="checkbox"/> DSS <input type="checkbox"/> OCFS <input type="checkbox"/> Family Court <input type="checkbox"/> Other  |  |   |   |
| If Other, Please Explain:  |  |   |   |
| If You Checked OCFS or Family Court, What is the Legal Status of the Child?  |  |   |   |
| <input type="checkbox"/> Restrictive Placement <input type="checkbox"/> Juvenile Offender <input type="checkbox"/> Youthful Offender<br><input type="checkbox"/> Juvenile Delinquent <input type="checkbox"/> Case Pending <input type="checkbox"/> Person In Need of Supervision <input type="checkbox"/> Other |  |   |   |
| If Other: What is Current Residential Status?  |  |   |   |
| Contact Person (if different from primary care giver)  |  | Referring School District   |   |
| (Name)   |  | (District Name)   | (Phone Number)  |
| (Phone Number)   |  | (Contact Person)  | (Email Address)   |
| (Relationship to the Child)  |  | (Address)   |   |
|  |  | (City)  | (Zip Code)      (Fax Number)  |

## Strengths

A. Please Indicate The Family's Strengths and Informal Supports (e.g. Relatives, Community Organizations, Schools) That May Be Utilized To Assist The Child With Services:

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B. Child's Strengths/Interests/Hobbies/Activities: \_\_\_\_\_

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C. Child's Educational Strengths \_\_\_\_\_

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### CURRENT HOUSEHOLD INFORMATION

| Name (First and Last) | Age | Relationship to Child | Is Child Living at Home? |
|-----------------------|-----|-----------------------|--------------------------|
|                       |     |                       |                          |
|                       |     |                       |                          |
|                       |     |                       |                          |
|                       |     |                       |                          |
|                       |     |                       |                          |
|                       |     |                       |                          |
|                       |     |                       |                          |
|                       |     |                       |                          |

\*If placed out of home, please add chart.



## CHILD EDUCATIONAL INFORMATION

- ☐ Current Grade \_\_\_\_\_
- ☐ Regular Class in Age Appropriate Grade
- ☐ Special Class for Students with Disabilities
- ☐ Residential School (Specify): \_\_\_\_\_
- ☐ Vocational Training Only
- ☐ Part-Time Vocational/Educational
- ☐ Day Treatment
- ☐ Home Instruction
- ☐ BOCES (Specify) \_\_\_\_\_
- ☐ Homebound
- ☐ Other (Specify): \_\_\_\_\_

### Special Education Classification by the Committee of Special Education:

- ☐ Emotional disturbance
- ☐ Learning disability
- ☐ Other health – impairment (please specify the health impairment)
- ☐ Mental retardation
- ☐ Multiply disabilities
- ☐ Orthopedic impairment
- ☐ Autism
- ☐ Traumatic brain injury
- ☐ Hearing impairment
- ☐ Visual impairment
- ☐ Speech / Language Imparment

## CHILD'S MENTAL HEALTH CRITERIA

☐ Check if unknown

A. *Diagnosis*: Date of Diagnostic Evaluation: \_\_\_\_\_ Performed By: \_\_\_\_\_

DSMV Code: \_\_\_\_\_

WHODAS (WHO Disability Assessment Schedule) optional:

C. *Medication*

Yes ☐

No ☐

| Name | Dosage | Who Prescribed? |
|------|--------|-----------------|
|      |        |                 |
|      |        |                 |
|      |        |                 |
|      |        |                 |
|      |        |                 |
|      |        |                 |

*Psychiatric Emergency Services History*: ☐ Check if unknown

| e.g. CPEP, Police, ER Visit | Date | Disposition |
|-----------------------------|------|-------------|
|                             |      |             |
|                             |      |             |
|                             |      |             |
|                             |      |             |
|                             |      |             |

*Psychiatric Hospitalization History*: ☐ Check if unknown

| Name of Hospital | Admission Date | Discharge Date | # of Days Hospitalized |
|------------------|----------------|----------------|------------------------|
|                  |                |                |                        |
|                  |                |                |                        |
|                  |                |                |                        |

*Residential Placement History*: ☐ Check if unknown

| Name | Admission Date | Discharge Date |
|------|----------------|----------------|
|      |                |                |
|      |                |                |
|      |                |                |

*Trauma history (e.g. neglect, physical or sexual abuse)*

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Please check below the degree to which this child exhibits the following symptoms or behaviors:

| Description |                         | Never                    | Rarely                   | Sometimes                | Often                    | Always                   | Unknown                  |
|-------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1.          | Destruction of Property | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.          | Fire Setting            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.          | Cruelty to Animals      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.          | Sexual (Perpetrator)    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.          | Danger to Self          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.          | Danger to Others        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.          | Runaway                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.          | Substance Abuse         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.          | Truancy                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Has the family accessed services through SPOA (Single Point of Access) for intensive Mental Health Supports? If yes, please specify.*

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*Current Community Contacts (e.g. Mental Health, DSS, Counselor, Probation Officer, School Representative):*

| Agency/Organization | Name | Address | Phone |
|---------------------|------|---------|-------|
|                     |      |         |       |
|                     |      |         |       |
|                     |      |         |       |
|                     |      |         |       |
|                     |      |         |       |







# Special Education Program Descriptions

2017-2018  
Updated 8/22/17

**Day Treatment Program**  
**(ED)**

**Program Location/Name:** Adolescent Day Treatment (ADT)  
Henry Campus, 6820 Thompson Rd., Syracuse, NY 13221

**Program Description:** This is a Day Treatment program provided in collaboration with Onondaga County. BOCES provides the academic and related services components while Onondaga County provides the integrated therapeutic components. This program is approved by the NYS Office of Mental Health. Students receive intensive therapeutic services to meet their mental health needs.

**Disability Profile/Diagnosis:** Students are identified as having an emotional disability and have a mental health diagnosis.

**Referral Process:** Students are referred to the Centralized Day Treatment Committee by the school district for possible placement.

**Classroom Configuration:** 8 students: 1 teacher: 1 teaching assistant

**Grade/Age Range:** Grades 7-12    Ages 13-18 years

**Supervisor:** Karen Koch, Special Education Administrator

**CoSer:** 293.1

**Staff:** OCM BOCES – Supervisor, Teacher, Teaching Assistants and Related Service Providers (as needed). Onondaga County – Psychiatrist and Social Workers



**Day Treatment**  
**(ED)**  
**McEvoy Cortlandville**

**Program Location/Name:** Turning Point Day Treatment at McEvoy Education Center at the Cortlandville Campus.

**Program Description:** This is a Day Treatment program provided in collaboration with the Franziska Racker Center. BOCES provides the academic and related services components while Franziska Racker provides the integrated therapeutic components. This program is approved by the NYS Office of Mental Health. Students receive intensive therapeutic services to meet their mental health needs.

**Disability Profile/Diagnosis:** Students are identified as having an emotional disability and have a mental health diagnosis.

**Classroom Configuration:** 8 students: 1 teacher: 1 teaching assistant

**Grades/Age Range:** Grades K-12 Ages 5-18

**Supervisor:** David Gaffey

**CoSer:** 293.1

**Staff:** OCM BOCES – Supervisor, Teacher, Teaching Assistant and Related Service Providers (as needed). Franziska Racker: Director, Psychiatrist, Nurse Practitioner and Social Workers.

**Students with Emotional Disabilities**  
**(ED) High School**

**Program Location/Name:** Crossroads at The Crown Rd. Campus

**Program Description:** This program is designed for students who need a moderate level of support for challenging behaviors. Therapeutic support is provided by a full-time social worker who provides counseling as well as case management.

**Disability Profile/Diagnosis:** Students are identified as having an emotional disability and may have a mental health diagnosis.

**Classroom Configuration:** 8 students: 1 teacher: 1 teaching assistant

**Grade Range:** Grade 9-12

**Supervisor:** Bryan Finlon – CTC

**CoSer:** 293.1

**Staff:** Supervisor, Teacher, Teaching Assistant, Social Worker and Related Service Providers (as needed). IMP services as needed.

**SED – Elementary K-6**  
**Crown Rd.**

**Program Location/Name:** OCM BOCES Crown Rd. Campus, 4500 Crown Rd., Liverpool

**Program Description:** This program is designed for students with significant behavior concerns. Students will be provided a structured program to help manage behavior while academic skills are worked on. Students will have the support of a social worker and psychologist. All staff within the program are trained in Therapeutic Crisis Intervention.

**Disability Profile/Diagnosis:** Students are primarily identified as having an emotional disability.

**Classroom Configuration:** 8 students: 1 teacher: 1 teaching assistant

**Grade Range:** K-6

**Supervisor:** Julie Darmody-Latham

**CoSer:** 293.1

**Staff:** Supervisor, Teacher, Teaching Assistant, Social Worker, Related Service Providers, Psychologist. Psychiatrist through Intensive management program as needed.



**SED Middle School 7-8**  
**Crown Rd.**

**Program Location/Name:** OCM BOCES Crown Rd. Campus, 4500 Crown Rd., Liverpool

**Program Description:** This program is designed for students with significant behavior concerns. Students will be provided a structured program to help manage behavior while academic skills are worked on. Students will have the support of a social worker and psychologist. All staff within the program are trained in Therapeutic Crisis Intervention.

**Disability Profile/Diagnosis:** Students are primarily identified as having an emotional disability.

**Classroom Configuration:** 8 students: 1 teacher: 1 teaching assistant

**Grade Range:** 7-8

**Supervisor:** Bryan Finlon

**CoSer:** 293.1

**Staff:** Supervisor, Teacher, Teaching Assistant, Social Worker, Related Service Providers, Psychologist. Psychiatrist through Intensive management program as needed.

**Students with Emotional Disabilities**  
**(ED)**

**Program Location/Name:** SED 5-12<sup>th</sup> Grade - McEvoy Education Center at the Cortlandville Campus.

**Program Description:** This program is designed to support students whose behavior significantly impacts their ability to be successful in a typical educational program. The students in this program demonstrate poor behavior skills.

**Disability Profile/Diagnosis:** Students are identified as having an emotional disability.

**Classroom Configuration:** 8 students: 1 teacher: 1 teaching assistant

**Grade Range:** 5<sup>th</sup> – 12<sup>th</sup> Grade 5-12

**Supervisor:** David Gaffey

**CoSer:** 293.1

**Staff:** Supervisor, Teacher, Teaching Assistant, Social Worker and Related Service Providers (as needed).

**Students with Emotional Disabilities**  
**(ED)**

**Program Location/Name:** Transitional Education Programs (TEP) at are located at the Henry Center CTE Building, Crown Rd. and McEvoy Education Center at the Cortlandville Campus.

**Program Description:** This program is designed for students who have significant learning disabilities as well as emotional disabilities. It is a half-day academic program focusing on the skills needed to earn the CDOS credential. Students participate in a Career and Technical Education component or a jobsite the other half of their day.

**Disability Profile/Diagnosis:** Students are primarily identified as having an emotional disability with other learning disabilities.

**Classroom Configuration:** 8 students: 1 teacher: 1 teaching assistant

**Grade Range:** Grades 9-12

|                    |                        |              |
|--------------------|------------------------|--------------|
| <b>Supervisor:</b> | Henry Campus:          | Karen Koch   |
|                    | Crown Rd.:             | Bryan Finlon |
|                    | McEvoy /Cortlandville: | David Gaffey |

**CoSer:** 293.1

**Staff:** Supervisor, Teacher, Teaching Assistant, Social Worker and Related Service Providers (as needed).



**District Based Classrooms – Transition Classes**  
**For students with emotional disabilities**

**Program Location/Name:** Reynolds Elementary, Ray Middle School, (Baldwinsville) Lafayette JR SR High School, Camillus Middle School (West Genesee) and Longbranch Elementary, Liverpool

**Program Description:** This program is designed for students with significant behavioral concerns.

**Disability Profile/Diagnosis:** Students are identified as having an emotional disability and may have a mental health diagnosis. All students demonstrate difficulty with behavioral expression of their emotions.

**Classroom Configuration:** 8 students: 1 teacher: 1 teaching assistant

**Grade Range:**

|      |   |
|------|---|
| 4-6  | Longbranch Elementary (Liverpool Central School District) |
| 6-7  | Ray Middle School (Baldwinsville School District)         |
| 2-4  | Reynolds Elementary                                       |
| 7-8  | Camillus Middle   |
| 9-10 | LaFayette Jr/Sr High                                      |

**Supervisor:** Beth Cooper

**Configuration:** 8:1:1

**CoSer:** 293.1

**Staff:** Supervisor, Teacher, Teaching Assistant, with embedded Social Worker, Related Service Providers (as needed).

## Stellata

**Program Location/Name:** McEvoy Education Center ~ OCM BOCES Cortlandville Campus  
Crown Rd. Campus 4500 Crown Rd., Liverpool

**Program Description:** This program is designed to support students with a range of disabilities, but all possessing significant behavioral concerns. The program focuses on developing life skills and encourages independence while addressing behaviors that impact the ability to function within the educational and social community.

**Disability Profile/Diagnosis:** Students have a variety of disabilities including autism, emotional disability, cognitive disabilities, and challenging behaviors.

**Classroom Configuration:** 12 students: 1 teacher: 4 teaching assistants

**\*Age Range:** K-12

**Supervisor:** Cheryl Rogers – McEvoy /Cortlandville  
Ryan Oyer – Crown Rd.

**CoSer:** 263.1

**Staff:** Supervisor, Teacher, Teaching Assistant, Related Service Providers (as needed), and Psychologist (as needed).

**STAR**  
**(Skills Toward Adult Responsibility)**

**Program Location/Name:** Homer Elementary School  
Homer Intermediate School  
Homer Jr. High School  
Homer High School

**Program Description:** The STAR program is designed for students who have a variety of disabilities. Curriculum is designed following New York State learning standards and is specially designed to meet individual needs of the student. Based on a student's IEP, work based instruction and living skills may be a part of the program.

**Disability Profile/Diagnosis:** Students have cognitive delays, are health impaired, or have learning disabilities and /or have multiple disabilities.

**Classroom Configuration:** 12 students: 1 teacher: 1 teaching assistant

**Grade Range:** K-12

**Supervisor:** Cheryl Rogers

**CoSer:** 224

**Staff:** Supervisor, Teacher, Teaching Assistant, Related Service Providers (as needed),

## **Deaf and Hard of Hearing**

**Program Location/Name:** Solvay School District

**Program Description:** This program emphasizes a total communication approach using a combination of sign language, speaking, hearing and speech reading; depending on the skills of individual students. The program also services children who have received cochlear implants. Students participate in general education classes as appropriate within the Solvay School District.

**Disability Profile/Diagnosis:** Students primary disability is either Deaf or Hearing Impaired, however, other disabilities may be present.

**Classroom Configuration:** 12 students: 1 teacher 1 Teaching Assistant

**Grange Range:** K-3 (Solvay Elementary School)  
4-8 (Solvay Middle School)  
9-12 (Solvay High School)

**Supervisor:** Barbara Brigham, Special Education Administrator

**CoSer:** 280.1

**Staff:** Supervisor, Teacher of the Deaf, Teaching Assistant Interpreters, Teaching Assistants, Audiologist, Psychologist, Social Worker, Related Service Providers (as needed).



**Special Education - AHSED (formerly GED)**

**Program Location/Name:** Henry Center Administration Building

**Program Description:** This program is designed for students who are not being academically successful in their high school classes. It is a half-day program that provides an alternate diploma route and prepares students to take the ASHED examination. Students also participate in a vocational component.

**Disability Profile/Diagnosis:** Students primarily have learning disabilities or emotional disabilities.

**Classroom Configuration:** 15 students: 1 teacher: 1 teaching assistant

**Grade Range:** 11-12<sup>th</sup> grade

**Supervisor:** Karen Koch – Henry Center

**CoSer:** 223.1

**Staff:** Supervisor, Teacher, Teaching Assistant, Related Service Providers (as needed), Social Worker (as needed).

## **TEAM**

**Program Location/Name:** Baker High School  
Split Rock Elementary School  
Solvay Middle School  
McEvoy Education Center  
Cortland Jr Sr HS

**Program Description:** This program is designed for students who are multiply disabled. The program focuses on the development of life skills that encourage independent functioning with a multidisciplinary team approach.

**Disability Profile/Diagnosis:** Students have severe multiple disabilities with significant cognitive delays and/or significant medical needs.

**Classroom Configuration:** 12 students: 1 teacher: 4 teaching assistants

**Grade Range:** K-5 Split Rock  
K-12 McEvoy  
4-6 Solvay Middle School  
9-12 Baker High School  
7-9 Cortland Jr/Sr High School

**Supervisor:** Annmarie Rossomano –Split Rock Elementary  
David Gaffey – McEvoy / Cortlandville  
Cheryl Rogers Cortland Jr/Sr HS  
Rosanna Grund – Baker High School  
Barbara Brigham – Solvay Middle School

**CoSer:** 263.1

**Staff:** Supervisor, Teacher, Teaching Assistant, Related Service Providers (as needed), and a Nurse (as needed).

**SKATE**  
**(Scaffolding Kids' Abilities Through Education)**

**Program Location/Name:** Smith Road Elementary School, North Syracuse  
Camillus Middle School, West Genesee  
ESM High School, East-Syracuse Minoa  
Fremont Elementary, East-Syracuse Minoa  
East Syracuse Elementary, West Genesee  
Palmer Elementary, Baldwinsville  
Walberta Park Elementary – Westhill  
Homer Elementary- Homer  
CNS High School – Cicero North Syracuse

**Program Description:** The **SKATE** program for students with Autism Spectrum Disorder provides comprehensive education and psycho-therapeutic assistance. The program utilizes the TEACCH model that provides a clearly organized, structured and modified environment with an emphasis on visual learning modalities. The curriculum is individualized for each student. Psychotherapeutic intervention and family support is an integral part of the SKATE program.

**Disability Profile/Diagnosis:** Students with autism.

**Classroom Configuration:** 12 students: 1 teacher: 4 teaching assistants

**Grade Range:** K-12

**Supervisor:** Annmarie Rossomano -Camillus Middle School, Smith Road, East Syracuse Elementary, Walberta Park El., Fremont Elementary and Palmer Elementary-

Ryan Oyer - ESM and CNS High School

Cheryl Rogers- Homer Elementary

**CoSer:** 263.2

**Staff:** Supervisor, Teacher, Teaching Assistants, Related Service Providers (as needed), and Psychologist (as needed).

## **OCM Transitional Class**

**Program Location/Name:** Onondaga Community College - Coyne Building  
SUNY Cortland- Van Hoesen Building

**Program Description:** This program will focus on students who are between the ages of 17 and 21, who are NYSAA eligible and working towards the Skills and Achievement Credential. Students will be provided work based learning opportunities at the college, academics which support these vocational opportunities and community based instruction.

**Disability Profile/Diagnosis:** Students primarily have learning disabilities or emotional disabilities.

**Classroom Configuration:** OCC= 12:1:4 12 students, 1 teacher, 4 Teaching Assistants  
SUNY Cortland= 12:1:1 12 students, 1 teacher, 1 Teaching Assistant

**AGE Range:** 17-21 Years old

**Supervisor:** Ryan Oyer – Onondaga Community College  
Cheryl Rogers- SUNY Cortland

**CoSer:** 263-200- OCC  
224.100- SUNY Cortland

**Staff:** Supervisor, Teacher, Teaching Assistant, Related Service Providers (as needed), Social Worker (as needed).



## Related Services

**Program Description:** This service is provided in order to meet the related services needs of students who are in OCM BOCES programs as well as students within their own home school settings.

**Disability Profile/Diagnosis:** A variety of disabilities.

**Age Range:** 3 – 21 years old

**Supervisors:** Beth Cooper – Related Services (O/T, P/T)  
Barbara Brigham - Audiology, Itinerant Teachers of the Deaf, TVI,  
O&M, Speech

**CoSer:** 335, 340, 337, 350, 358, 745, 746

**Cost:**

| Service  | Group          | Individual      | Consult         |
|--|----------------|-----------------|-----------------|
| Adaptive Physical Education, Counseling, Audiology, Occupational Therapy, Physical Therapy, Speech Therapy | \$89. per hour | \$135. per hour | \$135. per hour |
| Visually Impaired and Mobility   | -              | \$198. per hour | \$198. per hour |
| Itinerant Teacher of the Deaf  | -              | \$233. per hour | \$233. per hour |
| Teaching Assistant 1:1 or Interpreters   | -              | \$40. per hour  |                 |

**Staff:** Audiologists, Occupational Therapists, Physical Therapists, Teachers of the Visually Impaired, Speech Pathologists, Counselors, Adaptive Physical Education Teachers, Teachers of the Deaf, Teaching Assistants and Teaching Assistant Interpreters.

**CETAS**  
**Comprehensive Educational Technical Assistant Service**

**Program Description:** This program is a consultative and support service designed to assist school districts with students who require more specialized academic, behavioral and technological interventions. The goal is to promote successful student outcomes within their home school setting.

**Disability Profile/Diagnosis:** A variety of disabilities.

**Classroom Configuration:** 15 students: 1 teacher: 1 teaching assistant

**Age Range:** 5 – 21 years old

**Supervisor:** Dominique Ricciardelli

**CoSer:** 547

**Tuition:** \$765. per day  
\$383. half day

**Staff:** Supervisor, Special Education Teacher (as needed), Related Service Providers (as needed) and Psychologist (as needed).



