



Special Education Information Guide 2018 - 2019

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 2018-2019

9:00 -11:00 A.M.

Date of Meeting	Location of Meeting
September 13, 2018	Cayuga Conference Room: Main Campus - OCM BOCES 110 Elwood Davis Dr. Liverpool, NY 13088
October 25, 2018	Owasco Conference Room, Main Campus
November 15, 2018	Onondaga Room, 200 Elwood Davis Road
December 13, 2018	Cayuga Conference Room
January 10, 2019	Cayuga Conference Room
March 14, 2019	Cayuga Conference Room
April 11, 2019	Cayuga Conference Room
May 9, 2019	Cayuga Conference Room
June 6, 2018	Cayuga Conference Room

8/27/18 BC

All Meetings will be held the 2nd Thursday of the month *except* for November which is the **third** Thursday of the month at 200 Elwood Davis Road, next to Main Campus.

There is no meeting in February.

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

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

August 30 Staff Day
 August 31 *No Instructional Staff
 September 3 Labor Day
 September 4 Staff Day
 September 5 First Day of School
 October 8 Columbus Day
 October 19 Staff Day (CORTLAND COUNTY)
 November 6 Staff Day (ONONDAGA COUNTY)
 November 12 Veterans Day Observance
 November 21-23 Thanksgiving Recess
 December 24-Jan 1 Christmas Recess

January 21 Martin Luther King Day
 January 22-25 Regents Exams
 February 18-22 President's Day/Winter Recess
 March 13 Staff Day
 April 15-18 Spring Recess
 April 19 Good Friday
 May 24 & 27 Memorial Day Observance
 June 18-25 Regents Exams
 June 24 Staff last day

 Holiday
  Staff Development
  Regents

186 Staff Days

Adopted: 04/19/2018
 Revised: 05/17/2018

OCM BOCES Special Education Department Leadership Team

Rosanna Grund: *Director*

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

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

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

Barb Brigham: *Special Education Administrator*

bbrigham@ocmboces.org

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

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

Bryan Finlon: *Principal of Special Education*

bfinlon@ocmboces.org

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

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

David Gaffey: *Principal of Special Education*

dgaffey@ocmboces.org

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

- Stellata – CTC
- SED Middle School Crown Road, 7-8

Julie Darmody-Latham: *Principal of Special Education*

jdarmody-latham@ocmboces.org

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

- SED Elementary Crown Road, K-6

Ryan Oyer: *Special Education Administrator*

royer@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 Syracuse Elementary, ESM High School, CNS High School
- Transition - OCC

Beth Cooper: *Special Education Administrator*

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

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
- SKATE McGraw Elementary K-8
- TEAM 9-12 Cortland Junior Senior High
- Transition SUNY Cortland

Catherine Reeve: *Administrative Intern of Special Ed. McEvoy- Cortlandville Campus*

creeve@ocmboces.org

General office phone: 607-758-5241

- SED McEvoy K - 6 - McEvoy- Cortlandville Campus
- Turning Point Day Treatment SED K-6 McEvoy – Cortlandville Campus

Jason Martin: *Principal of Special Education McEvoy- Cortlandville Campus*

jmmartin@ocmboces.org

General office phone: 607-758-5241

- SED McEvoy 7- 12 - McEvoy- Cortlandville Campus
- Turning Point Day Treatment SED 7- 12 - McEvoy- Cortlandville Campus
- TEP McEvoy- Cortlandville Campus

Dominique Ricciardelli Psy.D: *School Psychologist*

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	kkoch@ocmboces.org	Brenda Cussen	bcussen@ocmboces.org	315-453-4467
AHSEP- Henry Admin	Karen Koch	kkoch@ocmboces.org	Brenda Cussen	bcussen@ocmboces.org	315-453-4467
CETAS Comprehensive Ed. Technical Assistance Services	Dominique Ricciardelli	dricciardelli@ocmboces.org			315-453-4613
Crossroads SED (High School 9-12)	Bryan Finlon	bfinlon@ocmboces.org	Sue O'Bryan	sobryan@ocmboces.org	315-453-4441
Deaf & Hard of Hearing Solvay El, MS and HS.	Barbara Brigham	bbrigham@ocmboces.org	Stephanie Mills	samills@ocmboces.org	315-488-9034
OCM Transition - OCC	Ryan Oyer	royer@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-453-4469
OCM Transition – SUNY Cortland *	Cheryl Rogers	crogers@ocmboces.org	Camille Traver	ctraver@ocmboces.org	607-758-5241
Related Services	Beth Cooper	bcooper@ocmboces.org	Dale Vigliotti	dvigliotti@ocmboces.org	315-362-2694
SED (Elementary) Crown Rd. Campus K-6	Julie Darmody- Latham	jdarmody-latham@ocmboces.org	Kim Johnson	kjohnson@ocmboces.org	315-453-4469
SED (Middle School) Crown Rd. Campus 7-8	David Gaffey	dgaffey@ocmboces.org	Kim Johnson	kjohnson@ocmboces.org	315-453-4469
SED Camillus MS	Beth Cooper	bcooper@ocmboces.org	Dale Vigliotti	dvigliotti@ocmboces.org	315-362-2694
SED LaFayette Jr-Sr	Beth Cooper	bcooper@ocmboces.org	Dale Vigliotti	dvigliotti@ocmboces.org	315-362-2694
SED Cortlandville Campus K-6 *	Catherine Reeve	creeve@ocmboces.org	Julie Baldwin	jbaldwin@ocmboces.org	315-758-5241
SED Cortlandville Campus 7-12 *	Jason Martin	jmartin@ocmboces.org	Julie Baldwin	jbaldwin@ocmboces.org	607-758-5241
SED Longbranch	Beth Cooper	bcooper@ocmboces.org	Dale Vigliotti	dvigliotti@ocmboces.org	315-362-2694
SED Ray Middle School (Baldwinsville)	Beth Cooper	bcooper@ocmboces.org	Dale Vigliotti	dvigliotti@ocmboces.org	315-362-2694
SED Reynolds Elementary (Baldwinsville)	Beth Cooper	bcooper@ocmboces.org	Dale Vigliotti	dvigliotti@ocmboces.org	315-362-2694
SKATE CMS	Ryan Oyer	royer@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
SKATE ESM	Ryan Oyer	royer@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
SKATE Homer *	Cheryl Rogers	crogers@ocmboces.org	Camille Traver	ctraver@ocmboces.org	607-758-5241
SKATE Fremont Elementary (ESM)	Ryan Oyer	royer@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
SKATE Palmer (Baldwinsville)	Ryan Oyer	royer@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
SKATE Pine Grove Middle School (ESM)	Ryan Oyer	royer@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
SKATE Primary Walberta (Westhill)	Ryan Oyer	royer@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
SKATE Smith Rd. (NS)	Ryan Oyer	royer@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
SKATE East Syracuse El. (ESM)	Ryan Oyer	royer@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
SKATE Cicero North Syr. HS	Ryan Oyer	royer@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
SKATE McGraw Elementary	Cheryl Rogers	crogers@ocmboces.org	Camille Traver	ctraver@ocmboces.org	607-758-5241
STAR Homer El/Int/Jr and Sr. High *	Cheryl Rogers	crogers@ocmboces.org	Camille Traver	ctraver@ocmboces.org	607-758-5241
Stellata Crown Rd. Campus	David Gaffey	dgaffey@ocmboces.org	Kim Johnson	kjohnson@ocmboces.org	315-453-4469
Stellata Cortlandville Campus *	Cheryl Rogers	crogers@ocmboces.org	Camille Traver	ctraver@ocmboces.org	607-758-5241

TEAM Baker High School (Baldwinsville)	Rosanna Grund	rgrund@ocmboces.org	Brenda Cussen	bcussen@ocmboces.org	315-453-4467
TEAM Cortland *	Cheryl Rogers	crogers@ocmboces.org	Camille Traver	ctraver@ocmboces.org	607-758-5241
TEAM Solvay	Barbara Brigham	bbrigham@ocmboces.org	Stephanie Mills	samills@ocmboces.org	315-488-9034
TEAM Splitrock (WG)	Barbara Brigham	bbrigham@ocmboces.org	Stephanie Mills	samills@ocmboces.org	315-488-9034
Transitional Educational Program - TEP Crown Rd. Campus	Bryan Finlon	bfinlon@ocmboces.org	Sue O'Bryan	sobryan@ocmboces.org	315-453-4441
Transitional Educational Program Sr. SED (TEP Sr.) Henry	Karen Koch	kkoch@ocmboces.org	Brenda Cussen	bcussen@ocmboces.org	315-453-4467
Transitional Educational Program TEP- Cortlandville Campus *	Jason Martin	jmmartin@ocmboces.org	Julie Baldwin	jfbaldwin@ocmboces.org	607-758-5241
Turning Point Day Treatment SED 7-12 Cortlandville Campus *	David Gaffey	jmmartin@ocmboces.org	Julie Baldwin	jfbaldwin@ocmboces.org	607-758-5241
Turning Point Day Treatment SED K-6 Cortlandville Campus *	Catherine Reeve	creeve@ocmboces.org	Julie Baldwin	jfbaldwin@ocmboces.org	607-758-5241
Work Based Learning	Beth Cooper	bcooper@ocmboces.org	Dale Vigliotti	dvigliotti@ocmboces.org	315-362-2694
* All Cortlandville Campus Based Programs- purchasing and School Tool			Marcia (Barden) Jacobson	mjacobson@ocmboces.org	607-758-5203

Special Education Quick Program Guide 2018-2019

Name of Program	COSER/Budget Code	Virtual Code BOCES Districts	Supervisor	Location	Grade Level	Program Configuration	Annual Tuition	Bundled Counseling Charge
AHSEP (TASC)	223.100	2201	Karen Koch 315-420-4655	Henry Center	Grades 11-12	15:1	9,453	
STAR	224.100	El 2205 In 2206 JH 2208 HS 2207	Cheryl Rogers 607-758-5114	Homer School District	Grades K-12	12:1:1	21,972	
Deaf & Hard of Hearing	280.100	El 2802 MS 2803 HS 2207	Barb Brigham 315-488-9034	Solvay SD	Grades K-12	12:1:1	34,588	
TEAM Lafayette	263.100	2614	Barbara Brigham 315-488-9034	Grimshaw Elementary, Lafayette	Grades K-5	12:1:4	35,157	
TEAM Baker High School	263.100	2609	Rosanna Grund 315-453-4467	Baker High School B'ville	Grades 9-12	12:1:4	35,157	
TEAM Solvay	263.100	2607	Barb Brigham 315-488-9034	Solvay MS	Grades 4-8	12:1:4	35,157	
TEAM Cortland	263.100	2616	Cheryl Rogers 607-758-5114	Cortland Jr. Sr. High School	Grades 7-9	12:1:4	35,157	
Stellata CTC	263.100	2602	David Gaffey 607-591-0104	Crown Rd. Liverpool	Grades K-12	12:1:4	35,157	1,836
Stellata McEvoy	263.100	2601	Cheryl Rogers 607-758-5114	McEvoy / Cortlandville	Grades K-12	12:1:4	35,157	1,836
SKATE ESM	263.200	2613	Ryan Oyer 315-399-6207	ESM High School	Grades 9-12	12:1:4	35,157	8,891
SKATE CNS	263.200		Ryan Oyer 315-399-6207	CNS High School	Grades 9-12	12:1:4	35,157	8,891
SKATE Smith Rd.	263.200	2612	Ryan Oyer 315-399-6207	Smith Rd. North Syracuse Schools	Grades K-2	12:1:4	35,157	8,891
SKATE East Syracuse Elementary	263.200	2605	Ryan Oyer 315-399-6207	East Syracuse El. East Syr. Minoa	Grades 3-5	12:1:4	35,157	8,891
SKATE CMS	263.200	2604	Ryan Oyer 315-399-6207	Camillus Middle School W. Genesee	Grades 6-8	12:1:4	35,157	8,891

Name of Program	COSER/Budget Code	Virtual Code BOCES Districts		Supervisor	Location	Grade Level	Program Configuration	Annual Tuition	Bundled Counseling
SKATE Fremont Elementary	263.200	2611	4131	Ryan Oyer 315-399-6207	Fremont Elementary Schools EMS	Grades K-2	12:1:4	35,157	8,891
SKATE Palmer	263.200	2615	4150	Ryan Oyer 315-399-6207	Palmer Elem. Baldwinsville	Grades 3-6	12:1:4	35,157	8,891
SKATE Homer	263.200	2618	4156	Cheryl Rogers 607-758-5114	Homer Elementary	Grades K-2	12:1:4	35,157	8,891
SKATE McGraw	263.200	2618	4156	Cheryl Rogers 607-758-5114	Homer Elementary	Grades K-2	12:1:4	35,157	8,891
SKATE Pine Grove	263.200		4162	Ryan Oyer 315-399-6207	Pine Grove Middle School ESM	Grades 6-8	12:1:4	35,157	8,891
SKATE- Primary Walberta	263.200	2617	4155	Ryan Oyer 315-399-6207	Walberta Park Westhill	Grades K-2	12:1:4	35,157	8,891
SED Long Branch	293.100	2911	4123	Beth Cooper 315-952-6364	Long Branch El. Liverpool	Grades 3-5	8:1:1	36,159	2,244
SED Crossroads-Crown Rd.	293.100	2902	4117	Bryan Finlon 315-317-0520	Crown Rd. Liverpool	Grades 9-12	8:1:1	36,159	8,785
Adolescent Day Treatment (ADT)	293.100	2901	4103	Karen Koch 315-420-4655	Henry Center	Grades 9-12	8:1:1	36,159	-----
SED Ray Middle School	293.100	2912	4144	Beth Cooper 315-952-6364	Ray Middle School B'ville	Grades 6-7	8:1:1	36,159	2,244
SED LaFayette Jr-Sr	293.100	2913	4145	Beth Cooper 315-952-6364	LaFayette JR SR High	Grades 9-12	8:1:1	36,159	2,244
SED Reynolds	293.100	2915	4151	Beth Cooper 315-952-6364	Reynolds Elementary Baldwinsville	Grades 2-4	8:1:1	36,159	2,244
SED Camillus MS	293.100	2917	4157	Beth Cooper 315-952-6364	Camillus Middle	Grades 6-8	8:1:1	36,159	2,244
OCM Transition - OCC	263.200	3100	4158	Ryan Oyer 315-399-6207	Onondaga Comm. College	Ages 17-21	12:1:4	35,157	8,891
OCM Transition – SUNY Cortland	224.100	3101	4159	Cheryl Rogers 607-758-5114	SUNY Cortland	Ages 17-21	12:1:1	21,972	-----

Name of Program	COSER/Budget Code	Virtual Code BOCES Districts	Supervisor	Location	Grade Level	Program Configuration	Annual Tuition	Bundled Counseling Charge
SED Elementary Crown Rd. K-6	293.100	2914	Julie Darmody- Latham 315-952-6306	Crown Rd. Liverpool	Grades K-6	8:1:1	36,159	2,244
SED Middle School Crown Rd. 7-8	293.100	2914	David Gaffey 607-591-0104	Crown Rd. Liverpool	Grades 7-8	8:1:1	36,159	2,244
Transitional Educational Program Sr. SED (TEP Henry)	293.100	2908	Karen Koch 315-453-4489	Henry Center	Grades 9-12	8:1:1	36,159	-----
Transitional Educational Program TEP 9-12 Crown Rd.	293.100		Bryan Finlon 315-317-0520	Crown Rd. Liverpool	Grades 9-12	8:1:1	36,159	-----
Transitional Educational Program TEP- McEvoy	293.100	2919	Jason Martin 315-937-8180	McEvoy / Cortlandville	Grades 9-12	8:1:1	36,159	-----
Turning Point Day Treatment SED	293.100	2909	Jason Martin 315-937-8180	McEvoy / Cortlandville	Grades K-6	8:1:1	36,159	9,425
Turning Point Day Treatment SED	293.100	2910	Jason Martin 315-937-8180	McEvoy / Cortlandville	Grades 7-12	8:1:1	36,159	9,425
SED McEvoy 9-12	293.100	2910	Jason Martin 315-937-8180	McEvoy / Cortlandville	Grades 9-12	8:1:1	36,159	2,244
SED McEvoy K-6	293.100	2907	Catherine Reeve 315-937-8236	McEvoy / Cortlandville	Grades K-6	8:1:1	36,159	2,244
CETAS Comprehensive Ed. Technical Assistance Services	547.500		Dominique Ricciardelli 315-378-6207	District	Grades K-12		800. Full Day 400. Half Day	
Work Based Learning	310		Beth Cooper 315-362-2693	Various	Various		11,400 full time 8,600 full time 1:1 TA \$2,800 Transport	-

Related Services

HOURLY RATES FOR:

GROUP

Consult & Individual

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)

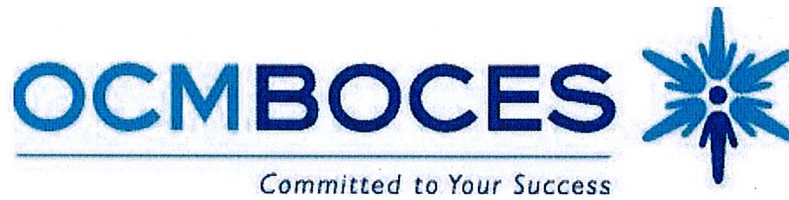
School to Work 2018-2019

Base Rate:	\$4000. Fixed rate which covers the costs of the school to work coordinators.	\$1800. Fixed rate 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 +Transportation Cost</p> <p>3- days per week: \$1800 base plus session fee of \$3,840. = \$5640 +Transportation Cost</p> <p>5- days per week: \$1800 base plus session fee of \$6,400 = \$8200 +Transportation Cost</p>
Transportation	Provided by districts.	Provided by BOCES for additional cost.

Updated 8/1/18

OCM BOCES Special Education - Fall Arrival and Departure Times 2018-2019

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
McGraw Elementary	SKATE		
OCM BOCES Thompson Rd.	TEP	8:15 12:00	10:30 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 11:00	12:00 2:45
Walberta Park: Westhill	Skate	8:25	2:25



Special Education

Green Sheet Billing Process

- * Billing Calendar
- * Billing Process
- * School to Work Rates
- * Student Enrollment Form (Green Sheet) updated 8/18
- * Student Change Form (Yellow Sheet)

Special Education

Green Sheet/Billing Process

COSERS: 223, 224, 263, 280, 293, 310, 340, 358, 360, 547, 745, 746

District Completes Green Sheet for program enrollment or Evaluation Request using IEP and shares IEP through IEP Direct	For --	New Services Including: Entrance into Special Ed Program Itinerant Related Services only TVI, O&M & TOD, Audiology Evaluations including any type for BOCES program students TVI, O&M & TOD for student in district program
Mail to BOCES Program Supervisor		
Supervisor verifies all information and accepts IEP Share (Program and related service along with school to work)	If Discrepancies noted --	Supervisor calls district. Agreed upon changes are made to Green Sheet. District sends an email confirming the agreed upon changes.
When Accurate Assistant Director mails to Billing Clerk in the Business Office The billing clerk enters information into BOCES direct Bill is sent monthly to District Business Offices.		Special Education Program COSERS: 223: AHSEP TASC 224: STAR 263: SKATE, TEAM & Stellata 280: Deaf and Hard of Hearing 293: SED 310: School to work 340: Teacher of the VI & Mobility 358: Audiology 360: Itinerant Teacher of Deaf 547: CETAS Services 745: Related Services/Therapists – for program students 746: Related Services/TA's & TAI's – for program students

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 8/1/18 bc

STUDENT ENROLLMENT FORM FOR:

2018-2019 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

_____ 223.1 AHSEP -TASC
 (former GED Program)
 _____ 224.1 STAR

 _____ 263.1 TEAM
 _____ 263.1 Stellata
 _____ 263.2 SKATE
 _____ 263.2 OCM Transition- OCC
 _____ 224.1 OCM Transition- SUNY Cortland

Please Check One Option Below

_____ 293.1 SED- Students with Emotional Disability
 _____ 293.1 Transitional Ed. Program TEP
 _____ 293.1 SED Transitional learning based classrooms
 _____ 293.1 Turning Point Day TX K-12
 _____ 293.1 SED 5-6 McEvoy
 _____ 293.1 ADT
 _____ 293.1 SED 7-12 McEvoy
 _____ 293.1 SED K-6 CTC
 _____ 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 EA. SESSION	FREQUENCY PER WEEK PER MONTH	STAFF NAME
ADAPTED PE (APE)	GROUP 1:1	_____	_____ _____ _____	_____
AUDIOLOGY	GROUP 1:1 or Consult	_____	_____ _____ _____	_____
COUNSELING (Bundled charge with most SED Programs)	GROUP 1:1 CONSULT	_____ _____	_____ _____ _____ _____ _____ _____	_____ _____
IMP-Intense Mngmt Program	1:1	_____	_____ _____ _____	_____
OCCUPATIONAL THERAPY	GROUP 1:1 or Consult	_____	_____ _____ _____	_____
PHYSICAL THERAPY	GROUP 1:1 or Consult	_____	_____ _____ _____	_____
SPEECH/LANGUAGE	GROUP 1:1 or Consult	_____	_____ _____ _____	_____
ITINERANT TEACHER OF THE DEAF	1:1 CONSULT	_____ _____	_____ _____ _____	_____
VISUALLY IMPAIRED	1:1 CONSULT	_____ _____	_____ _____ _____	_____
ORIENTATION & MOBILITY	1:1 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 Each Session	Frequency Per <u>Week</u> /Per <u>Month</u>	BOCES Staff Name
ADAPTED PE (APE)	<u>Group</u> <u>1:1</u>	<u> </u> <u> </u>	
AUDIOLOGY	<u>Group</u> <u>1:1 or Consult</u>	<u> </u> <u> </u>	
COUNSELING (included in some SED programs)	<u>Group</u> <u>1:1 or Consult</u>	<u> </u> <u> </u>	
OCCUPATIONAL THERAPY	<u>Group</u> <u>1:1 or Consult</u>	<u> </u> <u> </u>	
PHYSICAL THERAPY	<u>Group</u> <u>1:1 or Consult</u>	<u> </u> <u> </u>	
SPEECH/LANGUAGE	<u>Group</u> <u>1:1 or Consult</u>	<u> </u> <u> </u>	
ITINERANT TEACHER OF THE DEAF	<u>Group</u> <u>1:1 or Consult</u>	<u> </u> <u> </u>	
TEACHER OF THE VISUALLY IMPAIRED	<u>Group</u> <u>1:1 or Consult</u>	<u> </u> <u> </u>	
ORIENTATION & MOBILITY	<u>Group</u> <u>1:1 or Consult</u>	<u> </u> <u> </u>	
SCHOOL TO WORK	<u>Days per week</u> <u> </u>	<u> </u> <u> </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. 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
315-453-4467

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

Adolescent Day Treatment Program - ADT (Ages 14-18)
Henry Campus
6820 Thompson Rd.
Syracuse, NY 13221
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
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

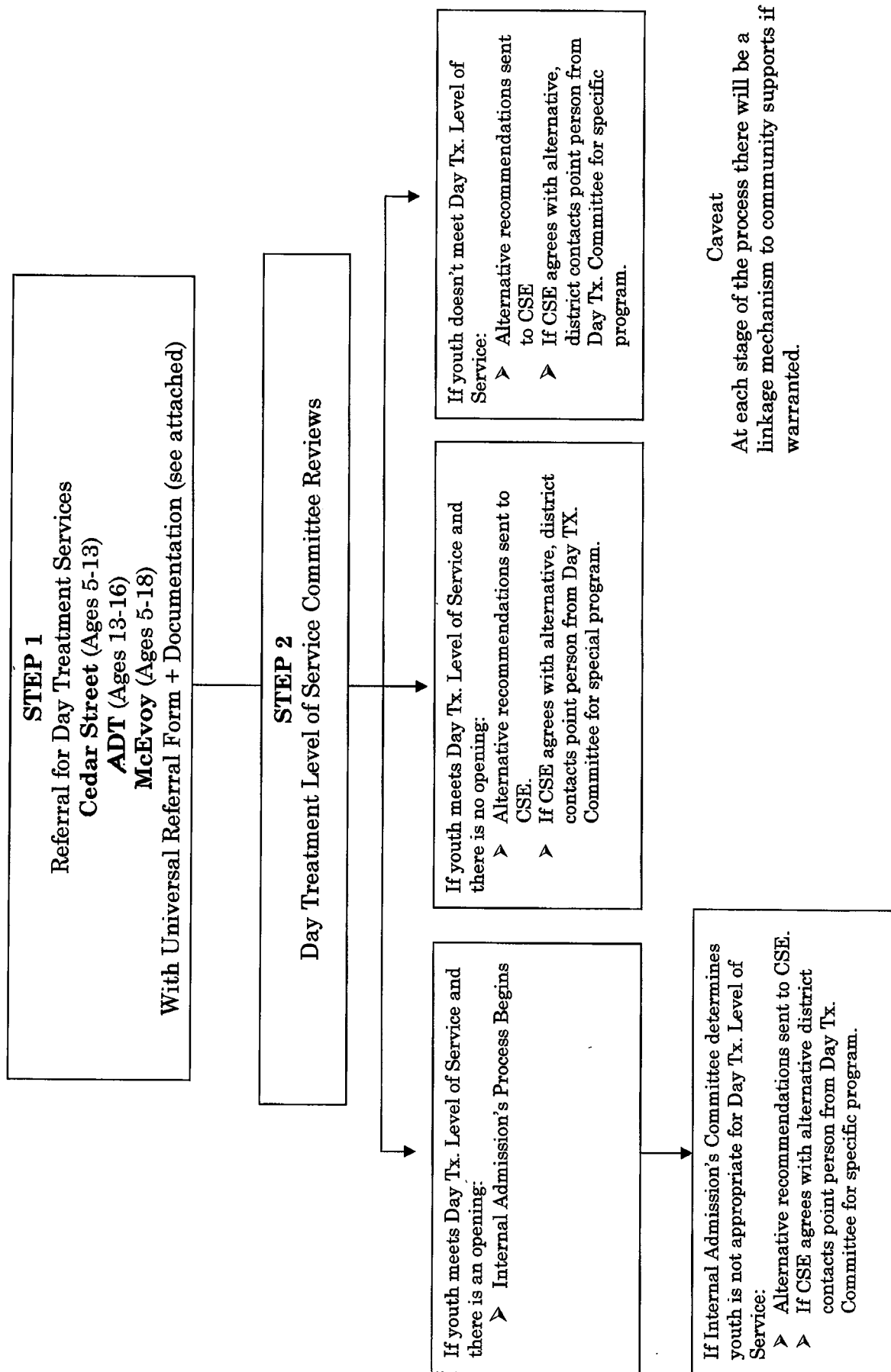
_____ Physical/Medical Information

- 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 9-12)

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 (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 (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 (Where Appropriate and Available)		_____ Relationship to Child	
_____ Signature of Parent / Guardian (Where Appropriate and Available)		_____ Date Signed	
_____ 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

DAY TREATMENT CENTRALIZED COMMITTEE REFERRAL FORM

Name			
(Last)		(First)	
Address		Date of Birth	Age
			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
(Street)		I.Q.	Date of Test
(City)	(Zip code)		
Axis 1 Diagnosis (if known)			
Social Security Number		Medicaid Number	
Is This Child an SSI Recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnicity <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 <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:

B. Child's Strengths/Interests/Hobbies/Activities: _____

C. Child's Educational Strengths _____

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 Impairment

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)

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.

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

Agency/Organization	Name	Address	Phone



Special Education Program Descriptions

2018-2019
Updated 8/15/18

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 9 -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: Catherine Reeve K-6
Jason Martin 7-12

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

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

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: David Gaffey

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 K-12th 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: Grades K-12

Supervisor: Catherine Reeve K-6
Jason Martin 7-12

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

Supervisor:	Henry Campus:	Karen Koch
	Crown Rd.:	Bryan Finlon
	McEvoy /Cortlandville:	Jason Martin

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 (SED)

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
David Gaffey – 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

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 - AHSEP (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: 11-12th 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
Solvay Middle School
McEvoy Education Center
Cortland Jr Sr HS
Grimshaw Elementary, Lafayette

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 Grimshaw Elementary, Lafayette
K-12 McEvoy
4-6 Solvay Middle School
9-12 Baker High School
7-9 Cortland Jr/Sr High School

Supervisor: Jason Martin – McEvoy / Cortlandville
Cheryl Rogers - Cortland Jr/Sr HS
Rosanna Grund – Baker High School
Barbara Brigham – Solvay Middle School, Grimshaw Elementary

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
McGraw Elementary

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: Ryan Oyer - Camillus Middle School, Smith Road, East Syracuse Elementary, Walberta Park El., Fremont Elementary and Palmer Elementary, ESM and CNS High School

Cheryl Rogers- Homer Elementary, McGraw 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	\$91. per hour	\$138. per hour	\$138. per hour
Visually Impaired and Mobility	-	\$202. per hour	\$202. per hour
Itinerant Teacher of the Deaf	-	\$238. per hour	\$238. per hour
Teaching Assistant 1:1 or Interpreters	-	\$41. per hour	
Audiology	-	\$299. per hour	\$153. 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: \$800. per day
\$400. half day

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