OCMBOES
Committed to Your Success

STUDENT CHANGE FORM: _____ SCHOOL YEAR

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
(Circle one)

_____ REALATED SERVICE DROP *OR* CHANGE
(Circle one)

_____ STUDENT INFO CHANGE

REASON FOR CHANGE: (Circle one or write it out)
IE: Moved, graduated, dropped out, entered district program, declassified, change in IEP per committee

_____

CURRENT INFORMATION: (Fill in all blanks)

STUDENT NAME: _____ DOB: _____ GRADE: _____

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

_____
District Superintendent Date

_____
CSE Chairperson Date

_____
BOCES Program/Related Services Supervisor Date

Revised 4/14

NEW RELATED SERVICE INFO: Please indicate new service with details below

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

RELATED SERVICE		Duration of ea. Session	Frequency Per Week	Frequency Per Month	BOCES Staff	Indicate: Add, Drop, Or Change
APE	Group					
	1:1					
AUDIOLOGY	Group					
	1:1/Consult					
COUNSELING	Group					
	1:1/Consult					
IMP - INTENSE MNGMNT PROG.	1:1					
OCCUPATIONAL	Group					
THERAPY	1:1/Consult					
PHYSICAL	Group					
THERAPY	1:1/Consult					
SPEECH/	Group					
LANGUAGE	1:1/Consult					
ITINERANT TEACHER	1:1					
OF THE DEAF	Consult					
VISUALLY IMPAIRED	1:1					
	Consult					
ORIENTATION &	1:1					
MOBILITY	Consult					

WORK BASED LEARNING Days Per Week:

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 _____