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## SHARED SERVICES FORM

**ATTN: MEGHAN GILDEA**  
**PHONE: 845-291-0200 x 10230**  
**RETURN TO: MEGHAN.GILDEA@OUBOCES.ORG**

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

**CSE CHAIRPERSON:** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**GRADE LEVEL:** \_\_\_\_\_

**OU BOCES PROGRAM OR SCHOOL:** \_\_\_\_\_

### SERVICE REQUESTS – (please check)

\_\_\_\_\_ **HEARING**                      **SERVICE TIME** \_\_\_\_\_

\_\_\_\_\_ **VISION**                      **SERVICE TIME** \_\_\_\_\_

\_\_\_\_\_ **ELL**                      **SERVICE TIME** \_\_\_\_\_

\_\_\_\_\_ **NURSE PRACTITIONER**    **SERVICE TIME** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

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**Superintendent's Signature**

**Date**