

Bridges Program

APPLICATION



Oneida • Herkimer • Madison

BOCES

FOR ADMISSION TO THE FOLLOWING PROGRAM BASED UPON
RECOMMENDATIONS OF THE COMMITTEE ON SPECIAL EDUCATION

Pupil _____ DOB _____

Parents/Guardians _____

Address _____

Email _____

Telephone No. _____

School District ID _____

School District _____

Is child in foster care? _____

Is child under Chapter 47 or Chapter 66? State which _____

Child's race/ethnicity? _____ Hispanic? Yes No

A - Asian; B - Black/African Am.; I - Am. Indian/Alaska Native;

P - Native Hawaiian/Other Pacific Islander; W - White

Please check off program applying for:

- 12:1:1 School-based Program**
Sauquoit Valley, Grades K-12
- 12:1:3+1 Multiply Disabled**
Center, Grades K-12
- 12:1:3+1 Developmental Program**
Center, Grades K-12
- 12:1:3+1 Developmental Program**
New Hartford CSD, Grades 7-12
- 8:1:2 School-based Program**
Waterville CSD, Grades K-12
- 8:1:2 Center-based Program**
Grades K-12
 Behavior Management
 Mental Health
- 6:1:2 Center-based Program**
Grades 3-12
- 8:1:2+1 Center-based Program**
Grades K-2
- Grade Level**

Data to Accompany Applications: (Current Data)

- Psychological Assessment (within 3 years)
- Psychiatric Report (if available)
- Social History
- Vocational Assessment
- Report Card/Transcript
- Medical History
Immunization records and dates necessary
- Current IEP
- Functional Behavior Assessment
- Behavior Intervention Plan
(8:1:2, 6:1:2)
- Evaluations - Speech, OT, PT, etc.

Related Services Required

Specify frequency & duration:

Speech _____

Occupational Therapy _____

Physical Therapy _____

Hearing Impaired _____

Visually Impaired _____

Counseling _____

1:1 Teacher Assistant _____

Signature

Date

Chief School Administrator