Assistive Technology Services
Audiology
Deaf & Hard of Hearing Services
Educational Vision Services
Orientation & Mobility Services

Comprehensive
Accessibility
Services

P-16 Instruction
Wayne-Finger Lakes BOCES
131 Drumlin Court
Newark NY 14513

Annual Service Provision Form

Student Name: _____ **DOB:** _____
Grade: _____ **Home School District:** _____
Program/ Placement: _____ **School Year:** _____ **IEP Dates:** _____
Contact/ Case Manager and contact information: _____

Audiology

Type of Service	Monthly	Yearly
Evaluation-CAP		
Evaluation-Audiological		
HAT/ Sound Field management		
HAT Equipment Loan		
Consult		
Functional Listening Evaluation		

Vision Services (TVI)

Type of Service	Weekly	Monthly	Yearly
Evaluation			
Individual			
Group			
Consult			
Material Prep			

Orientation & Mobility Services (O&M)

Type of Service	Weekly	Monthly	Yearly
Evaluation			
Individual			
Group			
Consult			
Material Prep			

Hearing Services (TOD)

Type of Service	Weekly	Monthly	Yearly
Evaluation			
Individual			
Group			
Consult			

Assistive Technology Services

Type of Service	Yearly
AT Evaluation	
AT Services	

CSE Signature: _____ **Date:** _____

Signed forms should be returned to olga.richmond@wflboces.org. Thank you.