



**Request for Services - RPS Teacher provides the work**

**Student Name:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

*Please choose all appropriate services, fill in necessary information and include requested documentation.*

To assist Monroe One in fulfilling your request, please indicate the reason for referral and any additional information that will help us provide services: \_\_\_\_\_

**Teacher Services:**

Teacher Services	Frequency (number of sessions)	Duration (minutes per session)	If course/content specific instruction, please indicate the specific course/content needed

**Is the teacher responsible for:**

Yes No Case Management/IEP Benchmarking

Yes No Report Cards

**Service Delivery Details:**

Location: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred time of service: \_\_\_\_\_

Other (specify location): \_\_\_\_\_

**Emergency Medical Information (legally necessary for students to be at RPS Centers)**

Emergency Contact if parent is not available (name/phone): \_\_\_\_\_

Does the student have significant medical issues? Check box no, yes (if yes please describe)

Does the student use emergency medications? Check box no, yes (if yes please describe)

School Nurse (name/phone/email): \_\_\_\_\_

**Documentation Requested:**

- IEP/504 (if applicable)
- Cross Contract (if a non-component district)

**\*\*Send cover sheet, request forms, and requested documentation to itinerant@boces.monroe.edu\*\***

**OFFICE OF SPECIAL EDUCATION AND STUDENT SERVICES**

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