

BOARD OF COOPERATIVE EDUCATIONAL SERVICES
SOLE SUPERVISORY DISTRICT
FRANKLIN-ESSEX-HAMILTON COUNTIES

PLEASE **CLICK** IN EACH BOX
TO ENTER INFORMATION.

COMPLETED FORMS MUST BE SENT
VIA EMAIL BY AUTHORIZED DISTRICT
PERSONNEL ONLY TO
DENISE LUKA AT
dluka@mail.fehb.org
INCOMPLETE REGISTRATION FORMS
WILL BE RETURNED.

Special Education Programs and Services
Student Information and Registration Form
(To be completed by Component School District or Other Agency)

Student Name:
Last Name First Name MI.

Please check one by typing an "X" in the appropriate box.

New:	<input type="checkbox"/>	SP	<input type="checkbox"/>	Date of Birth:	<input type="text"/>
Change in Service:	<input type="checkbox"/>	PT	<input type="checkbox"/>	Male:	<input type="checkbox"/>
Evaluation:	<input type="checkbox"/>	OT	<input type="checkbox"/>	Female:	<input type="checkbox"/>
Location:	<input type="checkbox"/>	VI	<input type="checkbox"/>	School Year:	<input type="text"/>
Teacher:	<input type="checkbox"/>	AT	<input type="checkbox"/>	Present Grade Level:	<input type="text"/>
		Other	<input type="checkbox"/>	If in Grade 9, date entered 9 th grade	<input type="text"/>

Parent/Guardian Name:
Last Name First Name MI.

Home Address:
PO Box/Street City State Zip Code

Area Code and Phone Number

Home Phone: Work Phone:

Emergency Contact (other than Parent/Guardian): Phone:

Disabling Condition: Component School District:

Indicate which (if any) services this student receives:

Related Services for SWD	Frequency/Duration	Individual/Group (specify if more than two)	Provider:	Teacher's Name:																														
<input type="checkbox"/> Counseling			<input type="checkbox"/> District <input type="checkbox"/> BOCES	<table border="1"> <tr><td colspan="2">Indicate Program:</td></tr> <tr><td><input type="checkbox"/></td><td>District Program</td></tr> <tr><td colspan="2">BOCES Program:</td></tr> <tr><td><input type="checkbox"/></td><td>Elementary 12:1+1 (K-6)</td></tr> <tr><td><input type="checkbox"/></td><td>Secondary 12:1+1 (7-12)</td></tr> <tr><td><input type="checkbox"/></td><td>FA 12:1+1-Level 1</td></tr> <tr><td><input type="checkbox"/></td><td>NFEC 12:1+1-Level II</td></tr> <tr><td><input type="checkbox"/></td><td>SR 12:1+1-Level II</td></tr> <tr><td><input type="checkbox"/></td><td>Multi-Level 12:1+1:3 (K-12)</td></tr> <tr><td><input type="checkbox"/></td><td>Mid-Level 8:1+1</td></tr> <tr><td><input type="checkbox"/></td><td>NFEC – Multi Occ AM</td></tr> <tr><td><input type="checkbox"/></td><td>NFEC – Multi Occ PM</td></tr> <tr><td><input type="checkbox"/></td><td>NFEC – Multi Occupations Only</td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </table>	Indicate Program:		<input type="checkbox"/>	District Program	BOCES Program:		<input type="checkbox"/>	Elementary 12:1+1 (K-6)	<input type="checkbox"/>	Secondary 12:1+1 (7-12)	<input type="checkbox"/>	FA 12:1+1-Level 1	<input type="checkbox"/>	NFEC 12:1+1-Level II	<input type="checkbox"/>	SR 12:1+1-Level II	<input type="checkbox"/>	Multi-Level 12:1+1:3 (K-12)	<input type="checkbox"/>	Mid-Level 8:1+1	<input type="checkbox"/>	NFEC – Multi Occ AM	<input type="checkbox"/>	NFEC – Multi Occ PM	<input type="checkbox"/>	NFEC – Multi Occupations Only	<input type="checkbox"/>		<input type="checkbox"/>	
Indicate Program:																																		
<input type="checkbox"/>	District Program																																	
BOCES Program:																																		
<input type="checkbox"/>	Elementary 12:1+1 (K-6)																																	
<input type="checkbox"/>	Secondary 12:1+1 (7-12)																																	
<input type="checkbox"/>	FA 12:1+1-Level 1																																	
<input type="checkbox"/>	NFEC 12:1+1-Level II																																	
<input type="checkbox"/>	SR 12:1+1-Level II																																	
<input type="checkbox"/>	Multi-Level 12:1+1:3 (K-12)																																	
<input type="checkbox"/>	Mid-Level 8:1+1																																	
<input type="checkbox"/>	NFEC – Multi Occ AM																																	
<input type="checkbox"/>	NFEC – Multi Occ PM																																	
<input type="checkbox"/>	NFEC – Multi Occupations Only																																	
<input type="checkbox"/>																																		
<input type="checkbox"/>																																		
<input type="checkbox"/> Hearing Impaired			<input type="checkbox"/> District <input type="checkbox"/> BOCES																															
<input type="checkbox"/> Occupational Therapy			<input type="checkbox"/> District <input type="checkbox"/> BOCES																															
<input type="checkbox"/> Physical Therapy			<input type="checkbox"/> District <input type="checkbox"/> BOCES																															
<input type="checkbox"/> Speech Therapy			<input type="checkbox"/> District <input type="checkbox"/> BOCES																															
<input type="checkbox"/> Visually Impaired			<input type="checkbox"/> District <input type="checkbox"/> BOCES																															
<input type="checkbox"/> Autism Consultation			<input type="checkbox"/> District <input type="checkbox"/> BOCES																															
Transition Services																																		
<input type="checkbox"/> Assistive Technology			1:1 Request																															
<input type="checkbox"/> Consult			<input type="checkbox"/> Teaching Assistant																															
<input type="checkbox"/> Vocational Assessment			<input type="checkbox"/> Teacher's Aide																															
<input type="checkbox"/> Work Experience			<input type="checkbox"/> Monitor																															

Ethnic Group:

<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	Black (not of Hispanic origin)	<input type="checkbox"/>	White
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	African American	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Other (please identify)				

Is this student classified as an English Language Learner?

No:

Yes:

Has this student ever been retained?													<input type="checkbox"/>	No	<input type="checkbox"/>	Yes (indicate grade(s) below)									
<input type="checkbox"/>	K nd	<input type="checkbox"/>	1 st	<input type="checkbox"/>	2 nd	<input type="checkbox"/>	3 rd	<input type="checkbox"/>	4 th	<input type="checkbox"/>	5 th	<input type="checkbox"/>	6 th	<input type="checkbox"/>	7 th	<input type="checkbox"/>	8 th	<input type="checkbox"/>	9 th	<input type="checkbox"/>	10 th	<input type="checkbox"/>	11 th	<input type="checkbox"/>	12 th

Does this student have a Functional Behavioral Assessment with a Behavior Intervention Plan?

No:

Yes:

Please list any medications and/or known health problems below:

Transition Folder : Attached Available From:

Level I Assessment : Attached Available From:

Agencies Involved:

Contact Person

<input type="checkbox"/>	Department of Social Services	<input type="text"/>
<input type="checkbox"/>	North Star Community Support Services	<input type="text"/>
<input type="checkbox"/>	North Star Behavioral Health Services	<input type="text"/>
<input type="checkbox"/>	Probation Department	<input type="text"/>
<input type="checkbox"/>	Other	<input type="text"/>

Siblings attending any BOCES program:

Names(s)

Location:

Please indicate if the student is enrolled in any of the following:

Alternative Education Programs:

- Alternative Education (Grades 7-12) – NFEC
- Prevocational Alternative Student System (PASS) - AEC
- GED Program – NFEC (PM Only)

Career and Technical Education Programs:

- | | |
|---|---|
| <input type="checkbox"/> 21 st Century Agricultural Science – SRCS | <input type="checkbox"/> Health Occupations – AEC/NFEC |
| <input type="checkbox"/> Auto Technology – AEC/NFEC | <input type="checkbox"/> Heavy Equipment Repair & Operation – NFEC |
| <input type="checkbox"/> Building Trades – AEC/NFEC | <input type="checkbox"/> Natural Resource Conservation – AEC |
| <input type="checkbox"/> Child Development - NFEC | <input type="checkbox"/> New Vision: Government and Law – NFEC |
| <input type="checkbox"/> Cosmetology – AEC/NFEC | <input type="checkbox"/> New Vision: Health Careers – AEC/NFEC |
| <input type="checkbox"/> Culinary Arts – AEC/NFEC | <input type="checkbox"/> Heating, Ventilation and Air Conditioning – SRCS |
| <input type="checkbox"/> Electrical Trades - NFEC | <input type="checkbox"/> Other |

Please list the latest testing information used to arrive at grade equivalent:

Test Used

Grade Equivalent:

Reading Comprehension

Word Recognition

Math Computation

Math Application

Attachments:

For First time enrollees, you must attach the following:

- Medical Records
- Social History
- Psychological Evaluation, including a classroom observation

For all students, you must attach the following:

- Individualized Education Plan (IEP) including Pleps
- Functional Behavior Assessment (FBA) (if appropriate)

Submitted by:

Name

Title

Date: