



Southern Westchester BOCES

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

CENTER FOR SPECIAL SERVICES

1606 Old Orchard Street, White Plains, New York 10604

(914) 948-7271 fax (914) 428-3306

BASIS Student Form – BOCES and Non-BOCES – 2023-2024

please attach relevant IEP information

School District: _____ Telephone #: _____

Authorized By: _____ Fax #: _____

Title: _____ Auth. Email: _____

School Contact: _____ Contact Email: _____

Student Name: _____ DOB: _____ Age: _____ Grade: _____

Sex : Male ____ Female ____ Preferred Pronouns: ____/____ Telephone #: _____

Home Address: _____

Parent/Guardian Name: _____ Email: _____

Is the parent/guardian aware of the BASIS Referral? YES NO

If no, the district must inform the parent/guardian prior to a BASIS Liaison reaching out.

*Please note: up to five additional hours/month may be billed for clinical/administrative support

Service Type: **BEFORE SCHOOL** _____ **or** **AFTER SCHOOL** _____

(concludes by 7:45am)

(begins after 3pm)

Preferred Modality: **IN-PERSON** _____ **or** **REMOTE** _____

Intervention Services		BASIS for Related Service Needs	
	Aide		ABA
	Counselor		Behavior Intervention
	Clinician		Counseling
	Teacher		Occupational Therapy
	Teaching Assistant		Parent Training
			Physical Therapy
			Reading
			School Refusal
			Speech/Lang. Therapy
			OTHER: _____

If above requested job title is not available, is a professional of a different title acceptable? YES NO

Service Start Time:	Duration (min per session):	Frequency (per week):
Start Date:	End Date:	Flexible schedule based on parent/provider agreement?
		YES _____ NO _____

Please describe the student and intervention needed:

Please identify the goal/outcome of the service provision:

Submit to: Michelle Carpiello Email: mcarpiniello@swboces.org Phone: (914) 948-7271 ext 1236 Fax: (914) 428-3306