

Bridges Program



Oneida • Herkimer • Madison

BOCES

APPLICATION

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

12:1:4 Multiply Disabled
Center, Grades K-12

12:1:4 Developmental Program
Center, Grades K-12

12:1:4 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