

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 _____

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**
Mild, Sauquoit Valley (K-12)

_____ **12:1:1 Adjustment Program**
Waterville CSD, Grades 4-12

_____ **12:1:4 Multiply Disabled**
Westmoreland CSD, Grades K-12

_____ **12:1:4 Developmental Program**
Westmoreland Elementary, Grades K-5

_____ **12:1:4 Developmental Program**
____ New Hartford CSD, Grades 6-12
____ Center, Grades 4-12

_____ **8:1:2 School-based Program**
Waterville CSD, Grades K-12
____ Behavior Management
____ Mental Health

_____ **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, Adjustment) _____

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