

**OTSEGO NORTHERN CATSKILLS BOCES
REQUEST FOR CONSULTANT TEACHER SERVICES**

School Year: _____ Date: _____

Student Name: _____

Home Address: _____

Component School: _____ Grade: _____

CTE Program: _____ Date of Birth: _____

Services requested for student (please check):

	<u>Level</u>		<u>Level</u>
Regents/RCT Math	_____	RCT Writing	_____
Regents/RCT Global Studies	_____	Technical Math	_____
Regents/RCT Science (type)	_____	Technical Science	_____
Regents/RCT US History	_____	RCT Reading	_____
ELA	_____	CFM	_____
Other	_____		

Consultant Services _____ minutes x _____ days/week

CSE Student _____ CDOS Credential _____ Testing Modifications _____

Local Diploma _____ Regents Diploma _____ TASC _____

Change of Service Request: _____ Drop: _____ Add: _____

Change of Service Request: _____ Drop: _____ Add: _____

Comments: _____

BOCES Consultant Teacher

High School Guidance Counselor

Home School Superintendent

CSE Chairperson