

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

School year 20\_\_\_\_ / 20\_\_\_\_ Date \_\_\_\_\_  
 Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Component School \_\_\_\_\_ Grade \_\_\_\_\_  
 CTE Program \_\_\_\_\_

**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 U.S. History _____	RCT Reading _____
ELA _____	CFM _____
Other _____	
Consultant Services _____	_____ minutes x _____ days per week
CSE Student _____	IEP Diploma _____ Testing Modifications _____
Local Diploma _____	Regents Diploma _____ GED _____

**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