



Special Education Information Guide 2016-2017

Rosanna Grund, Director of Special Education
4500 Crown Rd., Liverpool, NY 13090
Telephone: 315-453-4467 Fax: 315-453-4435



Special Education Council

Meeting Schedule 2016-2017

9:00 -11:00 A.M.

Date of Meeting	Location of Meeting
September 22, 2016	Cayuga Conference Room: Main Campus - OCM BOCES 110 Elwood Davis Dr. Liverpool, NY 13088
October 13, 2016	Cayuga Conference Room
November 10, 2016	Cayuga Conference Room
December 8, 2016	Cayuga Conference Room
January 12, 2017	Cayuga Conference Room
March 9, 2017	Cayuga Conference Room
April 13, 2017	Cayuga Conference Room
May 11, 2017	Cayuga Conference Room
June 8, 2017	Cayuga Conference Room

4/6/16 SO



	M	T	W	T	F
SEPT (20)				1	2
	5	6	7	8	9
	12	13	14	15	16
	19	20	21	22	23
	26	27	28	29	30
OCT (20)	3	4	5	6	7
	10	11	12	13	14
	17	18	19	20	21
	24	25	26	27	28
	31				
NOV (18)		1	2	3	4
	7	8	9	10	11
	14	15	16	17	18
	21	22	23	24	25
	28	29	30		
DEC (17)				1	2
	5	6	7	8	9
	12	13	14	15	16
	19	20	21	22	23
	26	27	28	29	30
JAN (20)	2	3	4	5	6
	9	10	11	12	13
	16	17	18	19	20
	23	24	25	26	27
	30	31			

	M	T	W	T	F
FEB (15)			1	2	3
	6	7	8	9	10
	13	14	15	16	17
	20	21	22	23	24
	27	28			
MAR (23)			1	2	3
	6	7	8	9	10
	13	14	15	16	17
	20	21	22	23	24
	27	28	29	30	31
APR (14)	3	4	5	6	7
	10	11	12	13	14
	17	18	19	20	21
	24	25	26	27	28
MAY (22)	1	2	3	4	5
	8	9	10	11	12
	15	16	17	18	19
	22	23	24	25	26
	29	30	31		
JUNE (17)				1	2
	5	6	7	8	9
	12	13	14	15	16
	19	20	21	22	23
	26	27	28	29	30

September 1 & 6 Staff Day
 September 2 & 5 Holiday/Labor Day
 September 7 First Day of School
 October 10 Columbus Day
 November 8 Staff Day
 November 11 Veterans Day
 November 23-25 Thanksgiving Recess
 Dec. 26-Jan. 2 Christmas Recess
 January 16 Martin Luther King Day

January 24-27 Regents Exams
 February 20-24 President's Day/Winter Recess
 March 17 Staff Day
 April 14 Good Friday
 April 17-21 Spring Recess
 May 29 Memorial Day
 June 14-22 Regents Exams
 June 23 Rating Day
 June 23 Last Instructional Staff Day

Holiday
 Staff Development
 _____ Regents

186 Staff Days

Adopted: 02/25/2016 Revised: 02/25/2016

OCM BOCES Special Education Department Leadership Team

Rosanna Grund: *Director*

rgrund@ocmboces.org

General office phone: 315-453-4467 Direct phone: 315-453-4477

- Lee G. Peters Career Training Center (CTC)
- TEAM Baker High School - Baldwinsville

Karen Koch: *Assistant Director of Special Education*

kkoch@ocmboces.org

General office phone: 315-453-4441 Direct phone: 315-453-4489

- Adolescent Day Treatment (ADT) at Henry Campus
- Transitional Education Program (TEP) - Henry Campus
- AHSED (Formerly known as the GED Program) - Henry Center
- SED Ray Middle School 6-7
- SED Behavior Management Nate Perry Elementary - Liverpool (4-6)

Barb Brigham: *Special Education Administrator*

bbrigham@ocmboces.org

Office/Direct Phone: 315-488-9034

- Office: Solvay Middle School
- Deaf and Hard of Hearing Program
- Team Solvay - Solvay MS
- Itinerant Teachers of the Deaf
- Audiologists
- Teachers of the Visually Impaired

Beth Cooper: *Principal of Special Education*

bcooper@ocmboces.org

General office phone: 315-453-4441 Direct phone: 315-453-4468

- SED Middle School CTC: 6-8
- Crossroads SED High School - CTC 9-12

Julie Darmody-Latham: *Principal of Special Education*

Jdarmody-latham@ocmboces.org

General office phone: 315-453-4469 Direct phone: 315-453-4409

- Day Treatment Program for Children at Kasson Rd, K-8
- SED Elementary CTC, K-5

Bryan Finlon: *Special Education Administrator*

bfinlon@ocmboces.org

General office phone: 315-362-2694 Direct phone: 315-362-2693

Fax: 315-362-2692

- Office: Henry A Campus
- SED LaFayette Jr. Sr. High 9-12
- SED Reynolds Elementary School, Baldwinsville, 1-3
- SED Camillus Middle School, West Genesee, 6-8
- Related Services Coordinator
- Work-Based Learning Coordinator

Annamarie Rossomano: *Special Education Administrator*

arossomano@ocmboces.org

General office phone: 315-362-2694 Direct phone: 315.362-2690

- SKATE Program - Smith Road Elementary, Camillus Middle School, Fremont Elementary, Pine Grove Elementary, Palmer Elementary, Split Rock Elementary
- TEAM West Genesee - Split Rock Elementary

Cheryl Rogers: *Special Education Administrator*

McEvoy Campus

crogers@ocmboces.org

General office phone: 607-758-5241 Direct phone: 607-758-5114

- Stellata McEvoy
- STAR Program - Homer School District
- SKATE Homer El. K-2
- TEAM 7 - 9 Cortland Junior Senior High

Carole Ann Davies: *Principal of Special Education McEvoy Campus*

cadavies@ocmboces.org

General office phone: 607-758-5241 Direct phone: 607-758-5113

- SED McEvoy K - 12 - McEvoy Campus
- Turning Point Day Treatment SED K - 12 - McEvoy Campus

Ryan Oyer: *Special Education Administrator*

royer@ocmboces.org

General office phone: 315-453-4469 Direct phone: 315-453-4437

- Stellata - CTC
- SKATE - ESM High School
- Transition – OCC

Dominique Ricciardelli Psy.D: *School Psychologist*

dricciardelli@ocmboces.org Direct phone: 315-453-4613

- Comprehensive Educational Technical Assistance Service(CETAS) - District

BOCES Special Ed. Program	Supervisor	Supervisor Email	Support Staff	Support Staff Email	Office Phone
Adolescent Day Treatment (ADT) Henry Admin.	Karen Koch	kkoch@ocmboces.org	Brenda Cussen	bcussen@ocmboces.org	315-453-4489
AHSEP- Henry Admin	Karen Koch	kkoch@ocmboces.org	Brenda Cussen	bcussen@ocmboces.org	315-453-4489
Day Treatment Program for Children at Kasson Rd 7-8 (Former Cedar St)	Julie Darmody- Latham	jdarmody-latham@ocmboces.org	Deb Fay	dfay@ocmboces.org	315-453-4469
Day Treatment Program for Children at Kasson Rd K-6 (Former Cedar St)	Julie Darmody- Latham	jdarmody-latham@ocmboces.org	Deb Fay	dfay@ocmboces.org	315-453-4469
CETAS Comprehensive Ed. Technical Assistance Services	Dominique Ricciardelli	dricciardelli@ocmboces.org			315-453-4613
Crossroads SED (High School 9-12) CTC	Beth Cooper	bcooper@ocmboces.org	Brenda Cussen	bcussen@ocmboces.org	315-453-4441
Deaf & Hard of Hearing Solway El, MS and HS.	Barbara Brigham	bbrigham@ocmboces.org	Pattie Lubeck	plubeck@ocmboces.org	315-488-9034
OCM Transition - OCC	Ryan Oyer	royer@ocmboces.org	Deb Fay	dfay@ocmboces.org	315-453-4469
OCM Transition – SUNY Cortland	Cheryl Rogers	crogers@ocmboces.org	Camille Traver	ctraver@ocmboces.org	607-758-5241
Related Services	Bryan Finlon	bfinlon@ocmboces.org	Dale Vigliotti	dvigliotti@ocmboces.org	315-362-2694
SED (Elementary) CTC K-5	Julie Darmody- Latham	jdarmody-latham@ocmboces.org	Deb Fay	dfay@ocmboces.org	315-453-4469
SED (Middle School) CTC 6-8	Beth Cooper	bcooper@ocmboces.org	Brenda Cussen	bcussen@ocmboces.org	315-453-4441
SED Camillus MS	Bryan Finlon	bfinlon@ocmboces.org	Dale Vigliotti	dvigliotti@ocmboces.org	315-453-4667
SED LaFayette Jr-Sr	Bryan Finlon	bfinlon@ocmboces.org	Dale Vigliotti	dvigliotti@ocmboces.org	315-362-2694
SED McEvoy 5-6 and 7-12	Carole Ann Davies	cadavies@ocmboces.org	Julie Baldwin	jbaldwin@ocmboces.org	607-758-5241
SED Nate Perry Elementary	Karen Koch	kkoch@ocmboces.org	Brenda Cussen	bcussen@ocmboces.org	315-453-4489
SED Ray Middle School (Baldwinsville)	Karen Koch	kkoch@ocmboces.org	Brenda Cussen	bcussen@ocmboces.org	315-453-4489
SED Reynolds Elementary (Baldwinsville)	Bryan Finlon	bfinlon@ocmboces.org	Dale Vigliotti	dvigliotti@ocmboces.org	315-453-4667
SKATE CMS	Annamarie Rossomano	arossomano@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
SKATE ESM	Ryan Oyer	royer@ocmboces.org	Deb Fay	dfay@ocmboces.org	315-453-4469
SKATE Homer	Cheryl Rogers	crogers@ocmboces.org	Camille Traver	ctraver@ocmboces.org	607-758-5241
SKATE Fremont Elementary (ESM)	Annamarie Rossomano	arossomano@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
SKATE Palmer (Baldwinsville)	Annamarie Rossomano	arossomano@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
SKATE Pine Grove Middle School (ESM)	Annamarie Rossomano	arossomano@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
SKATE- Primary Walberta (Westhill)	Annamarie Rossomano	arossomano@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
SKATE Smith Rd. (NS)	Annamarie Rossomano	arossomano@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
SKATE Split Rock (WG)	Annamarie Rossomano	arossomano@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
STAR Homer El/Int/Jr and Sr. High	Cheryl Rogers	crogers@ocmboces.org	Camille Traver	ctraver@ocmboces.org	607-758-5241
Stellata CTC	Ryan Oyer	royer@ocmboces.org	Deb Fay	dfay@ocmboces.org	315-453-4469
Stellata McEvoy	Cheryl Rogers	crogers@ocmboces.org	Camille Traver	ctraver@ocmboces.org	607-758-5241

TEAM Baker High School (Baldwinsville)	Rosanna Grund	rgrund@ocmboces.org	Sue O'Bryan	sobryan@ocmboces.org	315-453-4467
TEAM Cortland	Cheryl Rogers	crogers@ocmboces.org	Camille Traver	ctraver@ocmboces.org	607-758-5241
TEAM McEvoy	Cheryl Rogers	crogers@ocmboces.org	Camille Traver	ctraver@ocmboces.org	607-758-5241
TEAM Solvay	Barbara Brigham	bbrigham@ocmboces.org	Pattie Lubeck	plubeck@ocmboces.org	315-488-9034
TEAM Splitrock (WG)	Annamarie Rossomano	arossomano@ocmboces.org	Terry Amidon	tamidon@ocmboces.org	315-362-2691
Transitional Educational Program Jr. SED (TEP Jr.)	Bryan Finlon	bfinlon@ocmboces.org	Dale Vigliotti	dvigliotti@ocmboces.org	315-362-2694
Transitional Educational Program Sr. SED (TEP Sr.)	Karen Koch	kkoch@ocmboces.org	Brenda Cussen	bcussen@ocmboces.org	315-453-4489
Transitional Educational Program TEP- McEvoy	CaroleAnn Davies	cadavies@ocmboces.org	Julie Baldwin	jfbaldwin@ocmboces.org	607-758-5241
Turning Point Day Treatment SED 7-12	CaroleAnn Davies	cadavies@ocmboces.org	Julie Baldwin	jfbaldwin@ocmboces.org	607-758-5241
Turning Point Day Treatment SED K-6	CaroleAnn Davies	cadavies@ocmboces.org	Julie Baldwin	jfbaldwin@ocmboces.org	607-758-5241
Work Based Learning	Bryan Finlon	bfinlon@ocmboces.org	Dale Vigliotti	dvigliotti@ocmboces.org	315-362-2694

Special Education Quick Program Guide 2016-2017

Name of Program	COSER/Budget Code	Virtual Code BOCES Districts	Supervisor	Location	Grade Level	Program Configuration	Annual Tuition	Bundled Counseling Charge
AHSEP (TASC)	223.100	2201	Karen Koch 315-453-4489	Henry Center	Grades 11-12	15:1	9086	
STAR	224.100	El 2205 In 2206 JH 2208 HS 2207	Cheryl Rogers 607-758-5114	Homer School District	Grades K-12	12:1:1	21,016	
Deaf & Hard of Hearing	280.100	El 2802 MS 2803 HS 2207	Barb Brigham 315-488-9034	Solvay SD	Grades K-12	12:1:1	33,245	
TEAM McEvoy	263.100	2608	Cheryl Rogers 607-758-5114	McEvoy	Grades 9-12	12:1:4	33,792	
TEAM Splitrock	263.100	2614	Annmarie Rossomano 315-420-4528	Split Rock Elementary W. Genesee	Grades K-5	12:1:4	33,792	
TEAM Baker High School	263.100	2609	Rosanna Grund 315-453-4467	Baker High School B'ville	Grades 9-12	12:1:4	33,792	
TEAM Solvay	263.100	2607	Barb Brigham 315-488-9034	Solvay MS	Grades 4-8	12:1:4	33,792	
TEAM Cortland	263.100	2616	Cheryl Rogers 607-758-5114	Cortland Jr. Sr. High School	Grades 7-9	12:1:4	33,792	
Stellata CTC	263.100	2602	Ryan Oyer 315-453-4437	CTC Crown Rd. Liverpool	Grades K-12	12:1:4	33,792	1,836
Stellata McEvoy	263.100	2601	Cheryl Rogers 607-758-5114	McEvoy	Grades K-12	12:1:4	33,792	1,836
SKATE ESM	263.200	2613	Ryan Oyer 315-453-4437	ESM High School	Grades 9-12	12:1:4	33,792	8,891
SKATE Smith Rd.	263.200	2612	Annmarie Rossomano 315-420-4528	Smith Rd. North Syracuse Schools	Grades K-2	12:1:4	33,792	8,891
SKATE Splitrock	263.200	2605	Annmarie Rossomano 315-420-4528	Splitrock Elementary W. Genesee	Grades 3-5	12:1:4	33,792	8,891

Name of Program	COSER/Budget Code	Virtual Code BOCES Districts	Supervisor	Location	Grade Level	Program Configuration	Annual Tuition	Bundled Counseling	
SKATE CMS	263.200	2604	4129	Annmarie Rossomano 315-420-4528	Camillus Middle School W. Genesee	Grades 6-8	12:1:4	33,792	8,891
SKATE Freemont Elementary	263.200	2611	4131	Annmarie Rossomano 315-420-4528	Freemont Elementary Schools EMS	Grades K-2	12:1:4	33,792	8,891
SKATE Palmer	263.200	2615	4150	Annmarie Rossomano 315-420-4528	Palmer Elem. Baldwinsville	Grades 3-6	12:1:4	33,792	8,891
SKATE Homer	263.200	2618	4156	Cheryl Rogers 607-758-5114	Homer Elementary	Grades K-2	12:1:4	33,792	8891.
SKATE Pine Grove	263.200			Annmarie Rossomano 315-420-4528	Pine Grove Middle School ESM	Grades 6-8	12:1:4	33,792	8891.
SKATE- Primary Walberta	263.200	2617	4155	Annmarie Rossomano 315-420-4528	Walberta Park Westhill	Grades K-2	12:1:4	33,792	8,891.
SED Nate Perry Elementary	293.100	2911	4123	Karen Koch 315-453-4489	Nate Perry El. Liverpool	Grades 3-5	8:1:1	35,099	2,244
Crossroads SED	293.100	2902	4117	Beth Cooper 315-315-952-6364	CTC Crown Rd. Liverpool	Grades 9-12	8:1:1	35,099	8,785
Adolescent Day Treatment (ADT)	293.100	2901	4103	Karen Koch 315-453-4489	Henry Center	Grades 7-12	8:1:1	35,099	-----
SED Ray Middle School	293.100	2912	4144	Karen Koch 315-453-4489	Ray Middle School B'ville	Grades 6-7	8:1:1	35,099	2,244
SED LaFayette Jr-Sr	293.100	2913	4145	Bryan Finlon 315-317-0520	LaFayette JR SR High	Grades 9-12	8:1:1	35,099	2,244
SED Reynolds	293.100	2915	4151	Bryan Finlon 315-317-0520	Reynolds Elementary Baldwinsville	Grades 2-4	8:1:1	35,099	2,244
SED Camillus MS	293.100	2917	4157	Bryan Finlon 315-317-0520	Camillus Middle	Grades 6-8	8:1:1	35,099	2,244
OCM Transition - OCC	263.200	3100	4158	Ryan Oyer 315-453-4437	Onondaga Comm. College	Ages 17-21	12:1:4	33,792	8,891
OCM Transition -- SUNY Cortland	224.100	3101	4159	Cheryl Rogers 607-758-5114	SUNY Cortland	Ages 17-21	12:1:1	21,016	-----

Name of Program	COSER/Budget Code	Virtual Code BOCES Districts	Supervisor	Location	Grade Level	Program Configuration	Annual Tuition	Bundled Counseling Charge
Day Treatment at Kasson Rd. K-6	293.200	2905	Julie Darmody-Latham 315-952-6306	TBD	Grades K-6	8:1:1	12,626	-----
Day Treatment at Kasson Rd. 7-8	293.100	2905	Julie Darmody-Latham 315-952-6306	TBD	Grades 7-8	8:1:1	35,099	-----
SED CTC Elementary	293.100	2914	Julie Darmody-Latham 315-952-6306	CTC Crown Rd. Liverpool	Grades K-5	8:1:1	35,099	2,244
SED CTC Middle and High School	293.100	2914	Beth Cooper 315-315-952-6364	CTC Crown Rd. Liverpool	Grades 6-12	8:1:1	35,099	2,244
Transitional Educational Program Sr. SED (TEP Sr.)	293.100	2908	Bryan Finlon 315-317-0520	Henry Center	Grades 9-12	8:1:1	35,099	-----
Transitional Educational Program TEP- McEvoy	293.100	2919	Carole Ann Davies 607-758-5113	McEvoy	Grades 9-12	8:1:1	35,099	-----
Turning Point Day Treatment SED	293.100	2909	Carole Ann Davies 607-758-5113	McEvoy	Grades K-6	8:1:1	35,099	9,425
Turning Point Day Treatment SED	293.100	2910	Carole Ann Davies 607-758-5113	McEvoy	Grades 7-12	8:1:1	35,099	9,425
SED McEvoy	293.100	2910	Carole Ann Davies 607-758-5113	McEvoy	7-12	8:1:1	35,099	2,244
SED McEvoy	293.100	2907	Carole Ann Davies 607-758-5113	McEvoy	Grades 5-6	8:1:1	35,099	2,244
CETAS Comprehensive Ed. Technical Assistance Services	547.500		Dominique Ricciardelli 315-378-6207	District	Grades K-12		750. Full Day 375. Half Day	
Work Based Learning	310		Bryan Finlon 315-317-0520	Various	Various		8,176 1:1 TA – 1,000	-

Updated 9/16/16

Related Services

Consult & Individual

GROUP

HOURLY RATES FOR:

Adapted Physical Education, Audiology, Counseling, OT, PT, Speech	87.00	132.00
Visually Impaired and Orientation and Mobility Services		178.00
OT, PT, Speech Evaluation		143.00
Itinerant Teacher of the Deaf		208.00
1:1 Teaching Assistant or Interpreter		39.00
Interpreter: Extra Curricular		30.00
IMP – Intensive Management Program – Psychiatric Services	\$9,240 per year or \$4,620 of half a year	

Hourly rates are billed: X times per (week, month, or year) for Group, Consult & Individual respectively times the duration in minutes or hours. (Consult & Individual billed as Individual due to same rate)

School to Work 2016-2017

<p>Base Rate:</p>	<p>\$4000. Fixed rate which covers the costs of the school to work coordinators.</p>	<p>\$1800. Fixed rate which covers the costs of the school to work coordinators.</p>
<p>Session Rate:</p>	<p>\$32 per ½ day which covers the cost of the job coach.</p> <p>This gets adjusted based on the number of days per week, <i>plus actual start and end dates</i>.</p> <p>2- days per week: \$4000. Base plus session= \$6,560. 3- days per week: \$4000. Base plus session= \$7,840. 5- days per week: \$4000. Base plus session= \$10,400.</p>	<p>\$32 per ½ day which covers the cost of job coach.</p> <p>This gets adjusted based on the number of days per week, <i>plus actual start and end dates</i></p> <p>2- days per week: \$1800. Base plus session= \$2,560. +Transportation Cost 3- days per week: \$1800. Base plus session= \$3,840. +Transportation Cost 5- days per week: \$1800. Base plus session= \$6,400. +Transportation Cost</p>
<p>Transportation</p>	<p>Provided by districts.</p>	<p>Provided by BOCES for additional cost.</p>

Updated 6/8/16

OCM BOCES Special Education - Fall Arrival and Departure Times 2016-2017

Location	Program	Arrival	Departure
Baker HS	TEAM	7:15	2:00
Camillus Middle School	SKATE and SED	7:30	2:00
TBD	Cedar St. Day Treatment	8:30	2:30
Cortland Jr. Sr. High	TEAM	7:45	2:30
CTC Programs	Stellata, SED Crossroads	8:30	2:30
ESM High School	SKATE	8:15	2:15
Fremont Elementary	SKATE	7:50	1:50
Homer Elementary	STAR and SKATE	8:45	2:45
Homer High School	STAR	8:05	2:30
Homer Intermediate	STAR	8:30	3:20
Homer Junior High	STAR	7:45	2:15
LaFayette	SED Jr Sr High School	7:50	2:35
McEvoy	All Special Education McEvoy Programs	8:30	2:30
Nate Perry Elementary	Behavior Management	8:25	2:55
OCM BOCES Thompson Rd.	TEP and ADT	8:15	2:30
Onondaga Community College Coyne Building	Transition Class	8:15	2:15
Palmer Elementary	Skate	8:45	2:45
Pine Grove Middle School	SKATE	7:45	2:00
Ray Middle School : B'Ville	Elementary SED	7:40	2:10
Reynolds Elementary: B'ville	SED Reynolds * No Buses are to enter the side parking lot.	8: 40	3:10
Smith Rd. Elementary	SKATE	8:45	2:45
Solvay Elementary	Deaf/Hard of Hearing Program	8:45	3:10
Solvay High School	Deaf and Hard of Hearing Program	7:20	2:05
Solvay Middle	Deaf and Hard of Hearing Program/TEAM	7:45	2:35
Splitrock Elementary	TEAM and SKATE	8:45	2:45
SUNY Cortland: Van Hoesen Bldg.	Transition Class	8:15	2:15
Thompson Road	AHSEP (Former GED)	8:15 11:00	12:00 2:45
Walberta Park: Westhill	Skate	8:25	2:25



Special Education

Green Sheet Billing Process

- * Billing Calendar
- * Billing Process
- * School to Work Rates
- * Student Enrollment Form (Green Sheet) updated 6/8/16
 - * Student Change Form (Yellow Sheet) updated 6/8/16

Special Education

Green Sheet/Billing Process

COSERS: 223, 224, 263, 280, 293, 310, 340, 360, 547, 745, 746

<p>District Completes Green Sheet for program enrollment or Evaluation Request using IEP and shares IEP through IEP Direct</p>	<p>For --</p>	<p>New Services Including: Entrance into Special Ed Program Itinerant Related Services only TVI, O&M & TOD Evaluations including any type for BOCES program students TVI, O&M & TOD for student in district program</p>
<p>Mail to BOCES Program Supervisor</p> <p>Supervisor verifies all information and accepts IEP Share (Program and related service along with school to work)</p>	<p>If Discrepancies noted --</p>	<p>Supervisor calls district. Agreed upon changes are made to Green Sheet. District sends an email confirming the agreed upon changes.</p>
<p>When Accurate</p> <p>Assistant Director mails to Billing Clerk in the Business Office The billing clerk enters information into BOCES direct Bill is sent monthly to District Business Offices.</p>		<p>Special Education Program COSERS:</p> <p>223: GED 224: STAR 263: SKATE, TEAM & Stellata 280: Deaf and Hard of Hearing 293: SED 310: School to work 340: Teacher of the VI & Mobility 360: Itinerant Teacher of Deaf 547: CETAS Services 745: Related Services/Therapists – for program students 746: Related Services/TA's & TAI's – for program students</p>

An updated report of current enrollment and billing is sent out immediately after October, January, March, May billings to Special Ed Directors. Any changes must be requested using proper documentation with signature (green sheet and change forms) to program supervisor.

Updated 6/13/16 so

STUDENT ENROLLMENT FORM FOR:

2016-2017 School Year

DISTRICT: _____

DIRECTIONS

Use for each student starting in a new school year, whether new to the district or returning from the year. Send completed form and attachments to the OCM BOCES Program Supervisor for the program the student will be enrolled in.

Check Attachments:

- _____ IEP (Shared in IEP Direct)
- _____ Pupil Progress Reports previous
- _____ Psychological Evaluation
- _____ Medical/Immunization Records
- _____ Emergency Info _____ OT/PT Script
- _____ School Tool Records Shared

STUDENT DEMOGRAPHICS (Please print clearly)

LAST NAME: _____ **FIRST NAME:** _____ **MI** _____

Student Number (Required): _____ **DOB:** _____ **GENDER:** _____ **M** _____ **F**

Race: (Circle one): White Black or African American Hispanic Native American Asian Native Hawaiian or other Pacific Islander

GRADE LEVEL: _____ (Required) **UNGRADED:** _____

NYSAA: Yes _____ No _____ **DISABILITY:** _____

PRIMARY PARENT DATA (Student residence)

Relationship: _____
Parent-Foster Parent- Guardian-Grandparent

Name: _____

Address: _____

City, Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

SECONDARY PARENT/CONTACT DATA

Relationship: _____
Parent-Foster Parent- Guardian-Grandparent

Name: _____

Address: _____

City, Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Evaluation Request: _____ Attending OCM BOCES Program _____ Attending District Program
(Fill in name and this section only) (Fill in front of form only)

Evaluation Type: _____ **Program Site:** _____ **School Contact:** _____

SIGNATURES OF APPROVAL (IN BLUE INK ONLY)

District Superintendent Date

CSE Chairperson Date

BOCES Program Supervisor Date

Related Services Supervisor Date

PROGRAM DETAIL

Please Check One Option Below

- _____ 223.1 TASC- AHSEP (former GED Program)
- _____ 224.1 STAR
- _____ 263.1 TEAM
- _____ 263.1 Stellata
- _____ 263.2 SKATE
- _____ 263.2 OCM Transition- OCC
- _____ 224.1 OCM Transition- SUNY Cortland
- _____ 293.1 SED- Students with Emotional Disability
- _____ 293.1 Transitional Ed. Program TEP Sr High
- _____ 293.1 SED Transitional learning based classrooms
- _____ 293.1 ADT
- _____ 293.2 Day Treatment at Kasson Rd.
- _____ 293.1 Turning Point Day TX K-12
- _____ 293.1 SED 5-6 McEvoy
- _____ 293.1 SED 7-12 McEvoy
- _____ 293.1 SED K-6 CTC
- _____ 293.1 SED 7-8 CTC
- _____ 293.1 Crossroads

- 280 Deaf /Hard of Hearing _____
- 1.00 FTE - 4+ Periods Spc. Class _____
- .67 FTE - 2-3 Periods Spc. Class _____
- .33 FTE - 0-1 Periods Spc. Class _____



RELATED SERVICES ONLY

ENTER DATE _____

END DATE _____

PROGRAM SITE _____

TEACHER _____

RELATED SERVICE PROVIDED BY OCM BOCES PER IEP

RELATED SERVICE	TYPE	DURATION OF EA. SESSION	FREQUENCY		STAFF NAME
			PER WEEK	PER MONTH	
ADAPTED PE (APE)	GROUP 1:1	_____	_____	_____	_____
AUDIOLOGY	GROUP 1:1 or Consult	_____	_____	_____	_____
COUNSELING (Bundled charge with most SED Programs)	GROUP 1:1 CONSULT	_____	_____	_____	_____
IMP -Intense Mngmt Program	1:1	_____	_____	_____	_____
OCCUPATIONAL THERAPY	GROUP 1:1 or Consult	_____	_____	_____	_____
PHYSICAL THERAPY	GROUP 1:1 or Consult	_____	_____	_____	_____
SPEECH/LANGUAGE	GROUP 1:1 or Consult	_____	_____	_____	_____
ITINERANT TEACHER OF THE DEAF	1:1 CONSULT	_____	_____	_____	_____
VISUALLY IMPAIRED	1:1 CONSULT	_____	_____	_____	_____
ORIENTATION & MOBILITY	1:1 CONSULT	_____	_____	_____	_____

WORK BASED LEARNING: _____ **DAYS PER WEEK** _____

BOCES 1:1 TEACHING ASSISTANT: _____ **HOURS PER DAY** (6 hours is 100%)

BOCES INTERPRETERS: _____ **HOURS PER DAY** **Supervisor initials required to bill for 1:1 aides:** _____

EXTRA CURRICULAR INTERPRETER AS NEEDED: _____



STUDENT CHANGE FORM FOR _____

School Year

Please return to BOCES Program Supervisor

BILLING CHANGE DATE _____ (No weekend dates)

INDICATE TYPE OF CHANGE:

_____ DISTRICT CHANGE - STUDENT REMAINS IN CURRENT PROGRAM (new district must send new enrollment form)

_____ PROGRAM DROP OR CHANGE - STUDENT REMAINS IN CURRENT DISTRICT

_____ RELATED SERVICE DROP OR CHANGE

_____ STUDENT INFO CHANGE

REASON FOR CHANGE: I.E. MOVED, GRADUATED, ENTERED DISTRICT PROGRAM,
DROPPED OUT, DECLASSIFIED, CHANGE IN IEP PER COMMITTEE

CURRENT INFORMATION (please fill in all blanks)

STUDENT NAME _____ DOB _____

FULL PROGRAM NAME _____ TEACHER _____

DISTRICT NAME _____ STUDENT NUMBER _____

CHANGES (fill in all that apply)

NEW DISTRICT _____

NEW PROGRAM _____

NEW PROGRAM SITE _____ NEW TEACHER _____

NEW STUDENT INFORMATION _____

RELATED SERVICE AND TEACHING ASSISTANT CHANGES ON REVERSE.

SIGNATURES OF APPROVAL (IN BLUE INK ONLY)

District Superintendent Date

CSE Chairperson Date

BOCES Program Supervisor Date

NEW RELATED SERVICE INFORMATION:

PLEASE INDICATE NEW SERVICE WITH DETAILS BELOW

You must complete this page if any changes occur in related services such as group vs. 1:1, frequency, or duration of such service, or if the student is adding or dropping a service

RELATED SERVICE	Duration of Each Session	Frequency Per <u>Week</u> /Per <u>Month</u>	BOCES Staff Name	IF APPLIES
				INDICATE ADD, DROP, OR CHANGE
ADAPTED PE (APE)	<u>Group</u> 1:1	_____	_____	_____
AUDIOLOGY	<u>Group</u> 1:1 or Consult	_____	_____	_____
COUNSELING (included in some SED programs)	<u>Group</u> 1:1 or Consult	_____	_____	_____
OCCUPATIONAL THERAPY	<u>Group</u> 1:1 or Consult	_____	_____	_____
PHYSICAL THERAPY	<u>Group</u> 1:1 or Consult	_____	_____	_____
SPEECH/LANGUAGE	<u>Group</u> 1:1 or Consult	_____	_____	_____
ITINERANT TEACHER OF THE DEAF	<u>Group</u> 1:1 or Consult	_____	_____	_____
TEACHER OF THE VISUALLY IMPAIRED	<u>Group</u> 1:1 or Consult	_____	_____	_____
ORIENTATION & MOBILITY	<u>Group</u> 1:1 or Consult	_____	_____	_____
SCHOOL TO WORK	Days per week _____	_____	_____	_____

NEW TEACHING ASSISTANT INFO:

PLEASE INDICATE CHANGE IN DAILY HOURS

BOCES 1:1 TEACHING ASSISTANT

_____ HOURS PER DAY (6 hours is 100%)

Supervisor initials required to bill for 1:1 teaching assistant _____

Special Education

Referral Process

Date of Referral: _____ District: _____

Student Name: _____ Student ID # _____

Date of Birth: _____ Current Grade: _____

Name of Person submitting request: _____
Title: _____

Program student is being referred to for review:

Location of program: _____

Comments:

(To be filled in by BOCES Administrator)

Date referral received: _____

Reviewed by: _____ (signature required)
Karen Koch, Assistant Director of Special Education

Action of referral:
_____ Placed at _____

_____ Referred to _____

_____ Date student placed in program.

Cc: Program Supervisor/Office

Special Education
Centralized Day Treatment Forms

Centralized Day Treatment Committee - Quick Facts

Criteria for Referral

- Axis I diagnosis
- Youth meets OMH eligibility requirements
- Ability to benefit from therapeutic intervention
- History of intervention, hospitalizations, medication
- Risk factors
- Family participation
- Deficits in adaptation to social, school, family settings
- Significant behavioral factors/symptoms
- Ages: 5-18

Referral Process

- School District CSE determines the need for possible evaluation and/or alternative placement for a student
- School District personnel (typically a team that knows and works with the student) completes the Centralized Day Treatment Referral Packet
- The Referral Packet can be found at <http://specialeducation.ocmboces.org>. Click on "For District Use Only"
- It is preferred that the packet be electronically emailed to dfay@ocmboces.org. If your district does not have scanning capabilities you may send the packet to Karen Koch at OCM BOCES, 4500 Crown Road, Liverpool, NY 13090
- Packet is reviewed by BOCES Special Education Office to determine if all components are included
- BOCES Special Education Office invites school representatives to attend the bi-monthly committee meeting to review the referral
- Referral information is shared with committee members to review prior to the meeting

Contact Information

Carol Yaeger-Rosario

Director of Day Treatment School
4641 Kasson Rd.
Syracuse, NY 13215
carolyaeger-rosario@ongov.net
315-435-7706

Karen Koch

Assistant Director of Special Education
Coordinator of the Centralized Day Treatment Committee
4500 Crown Rd.
Liverpool, NY 13090
kkoch@ocmboces.org
315-453-4489

Sue Thomas

Program Director of Turning Point Day Treatment Program
McEvoy Center
1710 NYS Rte. 13
Cortland, NY 13045
607-758-5141

Carole Ann Davies

OCM BOCES McEvoy Center/Turning Point Day Treatment
1710 NYS Route 13
Cortland, NY 13045
607-758-5113

Day Treatment Referral Checklist

_____ Complete Day Treatment Centralized Committee referral forms.

_____ Educational Record: Please include a brief summary of the most salient features for making a referral to Day Treatment, which include;

- Issues that resulted in referral
- Academic achievement (strengths/weakness)
- Current functioning behaviors
- Educational interventions
- Disciplinary record
- Report card

_____ Current IEP

_____ Psychiatry Report, most current available

_____ Health Record

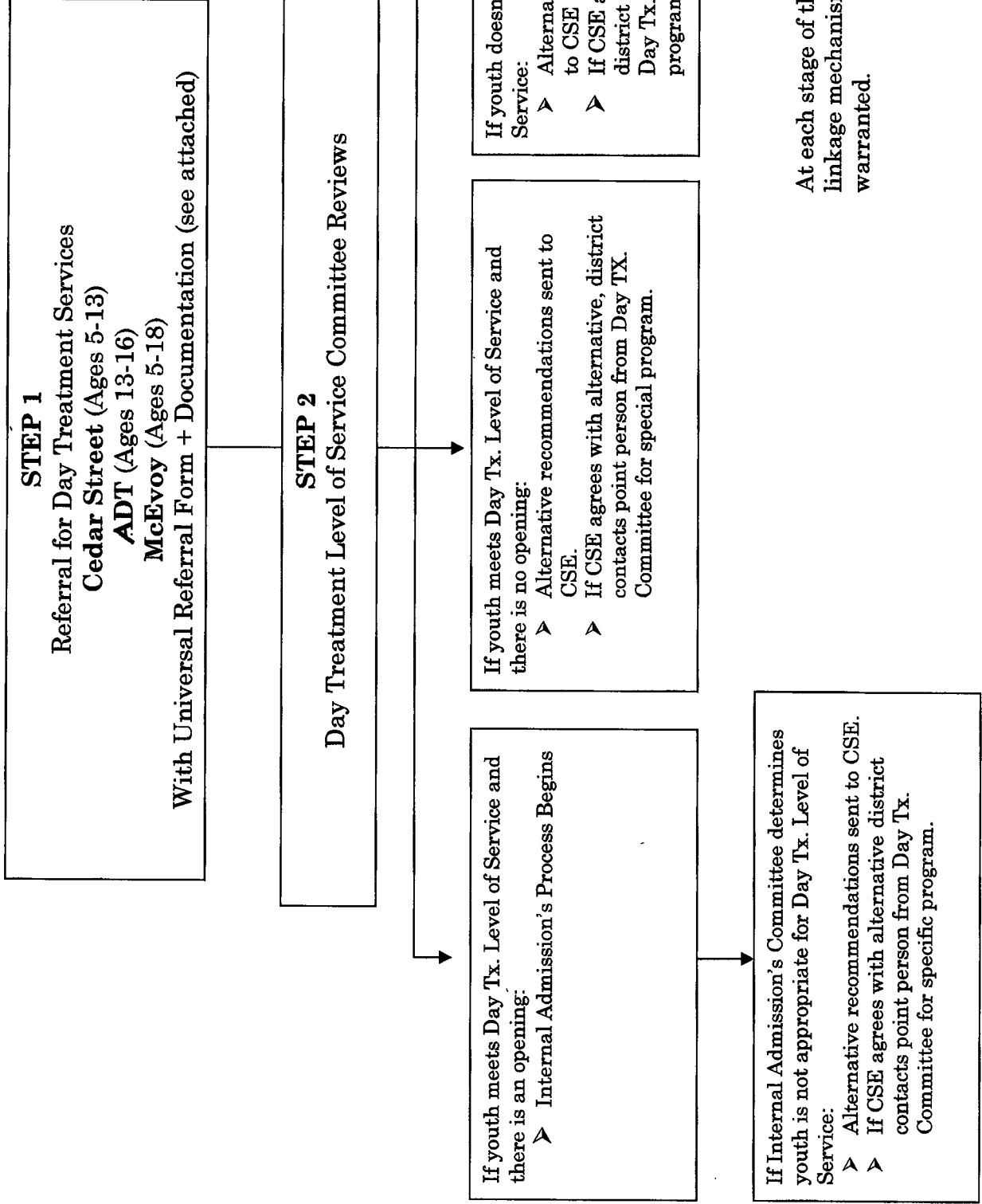
_____ Physical/Medical Information

- Development milestones

_____ Functional Behavioral Assessment A/O Behavioral Intervention Assessment(s)

_____ Release/Consent Forms – signed and dated

Day Treatment Centralized Level of Service Process



Caveat

At each stage of the process there will be a linkage mechanism to community supports if warranted.

OCM BOCES

Day Treatment Programs

Day Treatment Program for Children at Kasson Rd.

4641 Kasson Rd.

Syracuse, NY 13215

Ages: 5-12 (Grades K-8)

Collaboration/Therapeutic Component:

Onondaga County Department of Children and Family Services

Adolescent Day Treatment Program

OCM BOCES Henry Campus

6820 Thompson Rd.

Syracuse, NY 13221

Ages: 12-18 (Grades 7-12)

Turning Point Day Treatment Program

McEvoy Center

Rt. 13

Cortland, NY 13045

Ages: 5-18 (Grades K-12)

Collaboration/Therapeutic Component:

Franziska-Racker Center; NYS Dept. of Mental Health

Day Treatment Centralized Committee
REASON for REFERRAL

Name of Student: _____ Date: _____

Please indicate the Reason for Referral to Day Treatment Centralized Committee.

What is the presenting problem?

1. Is the student having moderate behavioral issues in school?
Describe.

2. Is the student having severe behavioral issues in school that
Frequently disrupts his/her school day? Describe.

3. Is the student's school placement in jeopardy?

4. Has the student been hospitalized?

5. Other indications that have resulted in this referral (academic,
home environment, social/emotions.) Please explain.

**CONSENT FOR EVALUATION BY DAY TREATMENT CENTRALIZED COMMITTEE
FOR POSSIBLE PLACEMENT INTO DAY TREATMENT**

Youth's Name (Last) (First) (M.I.)	Youth's Date of Birth						
Youth's Address							
School District Name							
School District Address							
<p>I authorize the _____ to release clinical and educational (School District)</p> <p>Information to the Day Treatment Centralized Committee. I understand the Day Treatment centralized Committee will review and evaluate this information as to determine if my child meets criteria for Day Treatment programming in OCM BOCES.</p> <p>It is understood that this information will be used to evaluate my child for possible placement into Day Treatment. I also understand that the Day Treatment Centralized Committee may share this information with other OCM BOCES Special Education Programs. The Day Treatment Centralized Committee and OCM BOCES will maintain the confidentiality of this information.</p> <p>I also understand that:</p> <p>There is no time limit on this consent _____ (initial here)</p> <p>That I may revoke this consent at any time _____ (initial here)</p>							
<table style="width:100%; border:none;"> <tr> <td style="width:60%; border:none;"> _____ Signature of Child or Youth (Where Appropriate and Available) </td> <td style="width:40%; border:none;"></td> </tr> <tr> <td style="border:none;"> _____ Signature of Parent / Guardian (Where Appropriate and Available) </td> <td style="border:none;"> _____ Relationship to Child </td> </tr> <tr> <td style="border:none;"> _____ Print Name Signed </td> <td style="border:none;"> _____ Date Signed </td> </tr> </table>		_____ Signature of Child or Youth (Where Appropriate and Available)		_____ Signature of Parent / Guardian (Where Appropriate and Available)	_____ Relationship to Child	_____ Print Name Signed	_____ Date Signed
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_____ Print Name Signed	_____ Date Signed						
<table style="width:100%; border:none;"> <tr> <td style="width:60%; border:none;"> _____ Signature of Witness </td> <td style="width:40%; border:none;"> _____ Title </td> </tr> <tr> <td style="border:none;"> _____ Print Name Signed </td> <td style="border:none;"> _____ Date Signed </td> </tr> </table>		_____ Signature of Witness	_____ Title	_____ Print Name Signed	_____ Date Signed		
_____ Signature of Witness	_____ Title						
_____ Print Name Signed	_____ Date Signed						
<table style="width:100%; border:none;"> <tr> <td style="width:60%; border:none;"> _____ Signature of Person Completing Form </td> <td style="width:40%; border:none;"> _____ Title </td> </tr> <tr> <td style="border:none;"> _____ Print Name Signed </td> <td style="border:none;"> _____ Date Signed </td> </tr> </table>		_____ Signature of Person Completing Form	_____ Title	_____ Print Name Signed	_____ Date Signed		
_____ Signature of Person Completing Form	_____ Title						
_____ Print Name Signed	_____ Date Signed						

Witness & Person Completing Form Cannot Be the Same Person

DAY TREATMENT CENTRALIZED COMMITTEE REFERRAL FORM

Name			
(Last) Address	(First) Date of Birth	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
(Street)		I.Q.	Date of Test
(City)	(Zip code)	(County)	
Axis 1 Diagnosis (if known)			
Social Security Number		Medicaid Number	
Is This Child an SSI Recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Eurasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> other <input type="checkbox"/> unknown		
Child / Youth's School District of Residence		School of Attendance if Different from School District of Residence	
Primary Care Giver			
(Name)		(Phone Number)	
(Street)	(City)	(Zip Code)	(County)
CUSTODIAN <input type="checkbox"/> Parent <input type="checkbox"/> DSS <input type="checkbox"/> OCFS <input type="checkbox"/> Family Court <input type="checkbox"/> Other			
If Other, Please Explain:			
If You Checked OCFS or Family Court, What is the Legal Status of the Child? <input type="checkbox"/> Restrictive Placement <input type="checkbox"/> Juvenile Offender <input type="checkbox"/> Youthful Offender <input type="checkbox"/> Juvenile Delinquent <input type="checkbox"/> Case Pending <input type="checkbox"/> Person In Need of Supervision <input type="checkbox"/> Other			
If Other: What is Current Residential Status?			
Contact Person (if different from primary care giver)		Referring School District	
(Name)		(District Name)	(Phone Number)
(Phone Number)		(Contact Person)	(Email Address)
(Relationship to the Child)		(Address)	
		(City)	(Zip Code) (Fax Number)

Strengths

A. Please Indicate The Family's Strengths and Informal Supports (e.g. Relatives, Community Organizations, Schools) That May Be Utilized To Assist The Child With Services:

B. Child's Strengths/Interests/Hobbies/Activities: _____

C. Child's Educational Strengths _____

CURRENT HOUSEHOLD INFORMATION

Name (First and Last)	Age	Relationship to Child	Is Child Living at Home?

*If placed out of home, please add chart.

CHILD EDUCATIONAL INFORMATION

- Current Grade _____
- Regular Class in Age Appropriate Grade
- Special Class for Students with Disabilities
- Residential School (Specify): _____
- Vocational Training Only
- Part-Time Vocational/Educational
- Day Treatment
- Home Instruction
- BOCES (Specify) _____
- Homebound
- Other (Specify): _____

Special Education Classification by the Committee of Special Education:

- Emotional disturbance
- Learning disability
- Other health – impairment (please specify the health impairment)
- Mental retardation
- Multiply disabilities
- Orthopedic impairment
- Autism
- Traumatic brain injury
- Hearing impairment
- Visual impairment
- Speech / Language Imparment

CHILD'S MENTAL HEALTH CRITERIA

Check if unknown

A. *Diagnosis*: Date of Diagnostic Evaluation: _____ Performed By: _____

DSMV Code: _____

WHODAS (WHO Disability Assessment Schedule) optional:

C. *Medication* Yes No

Name	Dosage	Who Prescribed?

Psychiatric Emergency Services History: Check if unknown

e.g. CPEP, Police, ER Visit	Date	Disposition

Psychiatric Hospitalization History: Check if unknown

Name of Hospital	Admission Date	Discharge Date	# of Days Hospitalized

Residential Placement History: Check if unknown

Name	Admission Date	Discharge Date	

Trauma history (e.g. neglect, physical or sexual abuse)

Please check below the degree to which this child exhibits the following symptoms or behaviors:

Description		Never	Rarely	Sometimes	Often	Always	Unknown
1.	Destruction of Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Fire Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Cruelty to Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Sexual (Perpetrator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Danger to Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Danger to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Runaway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Truancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the family accessed services through SPOA (Single Point of Access) for intensive Mental Health Supports? If yes, please specify.

Current Community Contacts (e.g. Mental Health, DSS, Counselor, Probation Officer, School Representative):

Agency/Organization	Name	Address	Phone



Special Education Program Descriptions

2016-2017
Updated 8/25/16

Day Treatment Program
(ED)

Program Location/Name: Adolescent Day Treatment (ADT)
Henry Campus, 6820 Thompson Rd., Syracuse, NY 13221

Program Description: This is a Day Treatment program provided in collaboration with Onondaga County. BOCES provides the academic and related services components while Onondaga County provides the integrated therapeutic components. This program is approved by the NYS Office of Mental Health. Students receive intensive therapeutic services to meet their mental health needs.

Disability Profile/Diagnosis: Students are identified as having an emotional disability and have a mental health diagnosis.

Referral Process: Students are referred to the Centralized Day Treatment Committee by the school district for possible placement.

Classroom Configuration: 8 students: 1 teacher: 1 teaching assistant

Grade/Age Range: Grades 7-12 Ages 13-18 years

Supervisor: Karen Koch, Special Education Administrator

CoSer: 293.1

Staff: OCM BOCES – Supervisor, Teacher, Teaching Assistants and Related Service Providers (as needed). Onondaga County – Psychiatrist and Social Workers

Day Treatment
(ED)
McEvoy

Program Location/Name: Turning Point Day Treatment at McEvoy Education Center

Program Description: This is a Day Treatment program provided in collaboration with the Franziska Racker Center. BOCES provides the academic and related services components while Franziska Racker provides the integrated therapeutic components. This program is approved by the NYS Office of Mental Health. Students receive intensive therapeutic services to meet their mental health needs.

Disability Profile/Diagnosis: Students are identified as having an emotional disability and have a mental health diagnosis.

Classroom Configuration: 8 students: 1 teacher: 1 teaching assistant

Grades/Age Range: Grades K-12 Ages 5-18

Supervisor: Carole Ann Davies

CoSer: 293.1

Staff: OCM BOCES – Supervisor, Teacher, Teaching Assistant and Related Service Providers (as needed). Franziska Racker: Director, Psychiatrist, Nurse Practitioner and Social Workers.

Day Treatment
(ED)
Day Treatment Program for Children at Kasson Rd.

Program Location/Name: Kasson Rd.

Program Description: This is a Day Treatment program provided in collaboration with Onondaga County. BOCES provides the academic and related services components while the County provides the integrated therapeutic components. This program is approved by the NYS Office of Mental Health. Students receive intensive therapeutic services to meet their mental health needs.

Disability Profile/Diagnosis: Students typically have a disability classification of Emotionally Disabled. In addition, students have a mental health diagnosis. IQ varies, but students need to be able to benefit from verbal therapy.

Classroom Configuration: 8:1:1

Grade/Age Range: Grades K-8 Ages 5-13 years

Supervisor: Julie Darmody Latham; Principal of Special Education

CoSer: 293.1, 293.2

Staff: OCM BOCES – Supervisor, Teacher, Child Care Workers and Related Service Providers (as needed). Onondaga County Staff: Director, Psychiatrist, Nurse Practitioner and Social Workers.

SED – Elementary K-5
Career Training Center

Program Location/Name: Career Training Center, 4500 Crown Rd., Liverpool

Program Description: This program is designed for students with significant behavior concerns. Students will be provided a structured program to help manage behavior while academic skills are worked on. Students will have the support of a social worker and psychologist. All staff within the program are trained in Therapeutic Crisis Intervention.

Disability Profile/Diagnosis: Students are primarily identified as having an emotional disability.

Classroom Configuration: 8 students: 1 teacher: 1 teaching assistant

Grade Range: K-5

Supervisor: Julie Darmody-Latham

CoSer: 293.1

Staff: Supervisor, Teacher, Teaching Assistant, Social Worker, Related Service Providers, Psychologist. Psychiatrist through Intensive management program as needed.

SED Middle School 6-8
Career Training Center

Program Location/Name: Career Training Center, 4500 Crown Rd., Liverpool

Program Description: This program is designed for students with significant behavior concerns. Students will be provided a structured program to help manage behavior while academic skills are worked on. Students will have the support of a social worker and psychologist. All staff within the program are trained in Therapeutic Crisis Intervention.

Disability Profile/Diagnosis: Students are primarily identified as having an emotional disability.

Classroom Configuration: 8 students: 1 teacher: 1 teaching assistant

Grade Range: 6-8

Supervisor: Beth Cooper

CoSer: 293.1

Staff: Supervisor, Teacher, Teaching Assistant, Social Worker, Related Service Providers, Psychologist. Psychiatrist through Intensive management program as needed.

Students with Emotional Disabilities
(ED) High School

Program Location/Name: Crossroads at LGP Career Training Center

Program Description: This program is designed for students who need a moderate level of support for challenging behaviors. Therapeutic support is provided by a full-time social worker who provides counseling as well as case management.

Disability Profile/Diagnosis: Students are identified as having an emotional disability and may have a mental health diagnosis.

Classroom Configuration: 8 students: 1 teacher: 1 teaching assistant

Grade Range: Grade 9-12

Supervisor: Beth Cooper – CTC

CoSer: 293.1

Staff: Supervisor, Teacher, Teaching Assistant, Social Worker and Related Service Providers (as needed). IMP services as needed.

Students with Emotional Disabilities
(ED)

Program Location/Name: SED 5-12th Grade at McEvoy Education Center.

Program Description: This program is designed to support students whose behavior significantly impacts their ability to be successful in a typical educational program. The students in this program demonstrate poor behavior skills.

Disability Profile/Diagnosis: Students are identified as having an emotional disability.

Classroom Configuration: 8 students: 1 teacher: 1 teaching assistant

Grade Range: 5th – 12th Grade 5-12

Supervisor: Carole Ann Davies

CoSer: 293.1

Staff: Supervisor, Teacher, Teaching Assistant, Social Worker and Related Service Providers (as needed).

Students with Emotional Disabilities
(ED)

Program Location/Name: Transitional Education Programs (TEP) at are located at the Henry Center CTE Building and McEvoy Education Center.

Program Description: This program is designed for students who have significant learning disabilities as well as emotional disabilities. It is a half-day academic program focusing on the skills needed to earn the CDOS credential. Students participate in a Career and Technical Education component or a jobsite the other half of their day.

Disability Profile/Diagnosis: Students are primarily identified as having an emotional disability with other learning disabilities.

Classroom Configuration: 8 students: 1 teacher: 1 teaching assistant

Grade Range: Grades 9-12

Supervisor: Henry Campus: Karen Koch and Bryan Finlon

McEvoy Center: Carole Ann Davies

CoSer: 293.1

Staff: Supervisor, Teacher, Teaching Assistant, Social Worker and Related Service Providers (as needed).

District Based Classrooms – Transition Classes
For students with emotional disabilities

Program Location/Name: Reynolds Elementary, Ray Middle School, (Baldwinsville) Lafayette JR SR High School, Camillus Middle School (West Genesee) and Nate Perry Elementary, Liverpool

Program Description: This program is designed for students with significant behavioral concerns.

Disability Profile/Diagnosis: Students are identified as having an emotional disability and may have a mental health diagnosis. All students demonstrate difficulty with behavioral expression of their emotions.

Classroom Configuration: 8 students: 1 teacher: 1 teaching assistant

Grade Range:

4-6	Nate Perry Elementary (Liverpool Central School District)
6-7	Ray Middle School (Baldwinsville School District)
2-4	Reynolds Elementary
7-8	Camillus Middle
9-10	LaFayette Jr/Sr High

Supervisor: Nate Perry Elementary and Ray Middle School- Karen Koch
LaFayette, CMS, and Reynolds– Bryan Finlon

Configuration: 8:1:1

CoSer: 293.1

Staff: Supervisor, Teacher, Teaching Assistant, with embedded Social Worker, Related Service Providers (as needed).

Stellata

Program Location/Name: McEvoy Education Center
Career Training Center 4500 Crown Rd., Liverpool

Program Description: This program is designed to support students with a range of disabilities, but all possessing significant behavioral concerns. The program focuses on developing life skills and encourages independence while addressing behaviors that impact the ability to function within the educational and social community.

Disability Profile/Diagnosis: Students have a variety of disabilities including autism, emotional disability, cognitive disabilities, and challenging behaviors.

Classroom Configuration: 12 students: 1 teacher: 4 teaching assistants

***Age Range:** K-12

Supervisor: Cheryl Rogers – McEvoy
Ryan Oyer - CTC

CoSer: 263.1

Staff: Supervisor, Teacher, Teaching Assistant, Related Service Providers (as needed), and Psychologist (as needed).

STAR
(Skills Toward Adult Responsibility)

Program Location/Name: Homer Elementary School
Homer Intermediate School
Homer Jr. High School
Homer High School

Program Description: The STAR program is designed for students who have a variety of disabilities. Curriculum is designed following New York State learning standards and is specially designed to meet individual needs of the student. Based on a student's IEP, work based instruction and living skills may be a part of the program.

Disability Profile/Diagnosis: Students have cognitive delays, are health impaired, or have learning disabilities and /or have multiple disabilities.

Classroom Configuration: 12 students: 1 teacher: 1 teaching assistant

Grade Range: K-12

Supervisor: Cheryl Rogers

CoSer: 224

Staff: Supervisor, Teacher, Teaching Assistant, Related Service Providers (as needed),

Deaf and Hard of Hearing

Program Location/Name: Solvay School District

Program Description: This program emphasizes a total communication approach using a combination of sign language, speaking, hearing and speech reading; depending on the skills of individual students. The program also services children who have received cochlear implants. Students participate in general education classes as appropriate within the Solvay School District.

Disability Profile/Diagnosis: Students primary disability is either Deaf or Hearing Impaired, however, other disabilities may be present.

Classroom Configuration: 12 students: 1 teacher 1 Teaching Assistant

Grange Range: K-3 (Solvay Elementary School)
4-8 (Solvay Middle School)
9-12 (Solvay High School)

Supervisor: Barbara Brigham, Special Education Administrator

CoSer: 280.1

Staff: Supervisor, Teacher of the Deaf, Teaching Assistant Interpreters, Teaching Assistants, Audiologist, Psychologist, Social Worker, Related Service Providers (as needed).

Special Education - AHSED (formerly GED)

Program Location/Name: Henry Center Administration Building

Program Description: This program is designed for students who are not being academically successful in their high school classes. It is a half-day program that provides an alternate diploma route and prepares students to take the ASHED examination. Students also participate in a vocational component.

Disability Profile/Diagnosis: Students primarily have learning disabilities or emotional disabilities.

Classroom Configuration: 15 students: 1 teacher: 1 teaching assistant

Grade Range: 11-12th grade

Supervisor: Karen Koch – Henry Center

CoSer: 223.1

Staff: Supervisor, Teacher, Teaching Assistant, Related Service Providers (as needed), Social Worker (as needed).

TEAM

Program Location/Name: Baker High School
Split Rock Elementary School
Solvay Middle School
McEvoy Education Center
Cortland Jr Sr HS

Program Description: This program is designed for students who are multiply disabled. The program focuses on the development of life skills that encourage independent functioning with a multidisciplinary team approach.

Disability Profile/Diagnosis: Students have severe multiple disabilities with significant cognitive delays and/or significant medical needs.

Classroom Configuration: 12 students: 1 teacher: 4 teaching assistants

Grade Range: K-5 Split Rock
K-12 McEvoy
4-6 Solvay Middle School
9-12 Baker High School
7-9 Cortland Jr/Sr High School

Supervisor: Annmarie Rossomano – Split Rock Elementary
Carole Ann Davies – McEvoy and
Cheryl Rogers Cortland Jr/Sr HS
Rosanna Grund – Baker High School
Barbara Brigham – Solvay Middle School

CoSer: 263.1

Staff: Supervisor, Teacher, Teaching Assistant, Related Service Providers (as needed), and a Nurse (as needed).

SKATE
(Scaffolding Kids' Abilities Through Education)

Program Location/Name: Smith Road Elementary School, North Syracuse
Camillus Middle School, West Genesee
ESM High School, East-Syracuse Minoa
Fremont Elementary, East-Syracuse Minoa
Splitrock Elementary, West Genesee
Palmer Elementary, Baldwinsville
Walberta Park Elementary – Westhill
Homer Elementary

Program Description: The **SKATE** program for students with Autism Spectrum Disorder provides comprehensive education and psycho-therapeutic assistance. The program utilizes the TEACCH model that provides a clearly organized, structured and modified environment with an emphasis on visual learning modalities. The curriculum is individualized for each student. Psychotherapeutic intervention and family support is an integral part of the SKATE program.

Disability Profile/Diagnosis: Students with autism.

Classroom Configuration: 12 students: 1 teacher: 4 teaching assistants

Grade Range: K-12

Supervisor: Camillus Middle School, Smith Road, Splitrock Elementary, Walberta Park El., Fremont Elementary and Palmer Elementary- Annmarie Rossomano –

ESM High School – Ryan Oyer

Cheryl Rogers- Homer Elementary

CoSer: 263.2

Staff: Supervisor, Teacher, Teaching Assistants, Related Service Providers (as needed), and Psychologist (as needed).

OCM Transitional Class

Program Location/Name: Onondaga Community College - Coyne Building
SUNY Cortland- Van Hoesen Building

Program Description: This program will focus on students who are between the ages of 17 and 21, who are NYSAA eligible and working towards the Skills and Achievement Credential. Students will be provided work based learning opportunities at the college, academics which support these vocational opportunities and community based instruction.

Disability Profile/Diagnosis: Students primarily have learning disabilities or emotional disabilities.

Classroom Configuration: OCC= 12:1:4 12 students, 1 teacher, 4 Teaching Assistants
SUNY Cortland= 12:1:1 12 students, 1 teacher, 1 Teaching Assistant

AGE Range: 17-21 Years old

Supervisor: Ryan Oyer – Onondaga Community College
Cheryl Rogers- SUNY Cortland

CoSer: 263-200- OCC
224.100- SUNY Cortland

Staff: Supervisor, Teacher, Teaching Assistant, Related Service Providers (as needed), Social Worker (as needed).

Related Services

Program Description: This service is provided in order to meet the related services needs of students who are in OCM BOCES programs as well as students within their own home school settings.

Disability Profile/Diagnosis: A variety of disabilities.

Age Range: 3 – 21 years old

Supervisors: Bryan Finlon – Related Services (O/T, P/T)
Barbara Brigham - Audiology, Itinerant Teachers of the Deaf, TVI,
O&M, Speech

CoSer: 335, 340, 337, 350, 358, 745, 746

Cost:

Service	Group	Individual	Consult
Adaptive Physical Education, Counseling, Audiology, Occupational Therapy, Physical Therapy, Speech Therapy	\$87. per hour	\$132. per hour	\$132. per hour
Visually Impaired and Mobility	-	\$147. per hour	\$147. per hour
Itinerant Teacher of the Deaf	-	\$204. per hour	\$204. per hour
Teaching Assistant 1:1 or Interpreters	-	\$39. per hour	

Staff: Audiologists, Occupational Therapists, Physical Therapists, Teachers of the Visually Impaired, Speech Pathologists, Counselors, Adaptive Physical Education Teachers, Teachers of the Deaf, Teaching Assistants and Teaching Assistant Interpreters.

CETAS
Comprehensive Educational Technical Assistant Service

Program Description: This program is a consultative and support service designed to assist school districts with students who require more specialized academic, behavioral and technological interventions. The goal is to promote successful student outcomes within their home school setting.

Disability Profile/Diagnosis: A variety of disabilities.

Classroom Configuration: 15 students: 1 teacher: 1 teaching assistant

Age Range: 5 – 21 years old

Supervisor: Dominique Ricciardelli

CoSer: 547

Tuition: \$723. per day
\$363. half day

Staff: Supervisor, Special Education Teacher (as needed), Related Service Providers (as needed) and Psychologist (as needed).

