



BOARD OF EDUCATION OF THE CITY OF NEW YORK

RUDOLPH F. CREW, Ed. D., *Chancellor*

OFFICE OF THE CHANCELLOR

110 Livingston Street - Brooklyn, NY 11201

OFFICE OF SPECIAL EDUCATION CLINICAL SERVICES MEMORANDUM #16, 1996-97

January 9, 1997

TO: Clinical Administrators
CSE Chairpersons
High School District Managers
Executive Assistants for Special Education
Clinical Supervisors
School Based Support Team Members

FROM: Dov Rokeach, Assistant Superintendent *D. Rokeach*
Office of Special Education Clinical Services

SUBJECT: School Based Support Team Requests for Telephones, Space,
Furniture and Copiers

As per the 1988 Jose P. Stipulation, maximum effort must be made to ensure that each School Based Support Team (SBST) is provided with appropriate supports to conduct timely assessments and determine student eligibility for special education services. This memorandum outlines the process for reporting issues involving telephones, space, furniture and copiers.

If a circumstance should arise where these services are not available, the following steps are to be taken:

1. A written request (SBST Support Services Request Form - Attachment A) must be completed and forwarded by the SBST member to the Committee on Special Education (CSE) Chairperson/High School District Manager, indicating the specific support service (telephone, space, furniture, copier) request.
2. The CSE Chairperson/High School District Manager will review all requests and take the necessary steps to attempt to resolve the situation (Response to SBST Support Services Request Form - Attachment B). Notification of status of all requests will be returned to the respective SBST member within five (5) working days of receipt of request. In the event the Chairperson/High School District Manager is unable to resolve the issue, the notification to SBST members will indicate that a referral was made to the Clinical Administrator, Deputy Director of High School Clinical Services or High School Executive Assistant, Special Education. Requests by SBST members which are denied or remain outstanding should be discussed with the appropriate Regional UFT Representative(s) at the regularly scheduled consultation.
3. Requests that cannot be resolved directly by the Chairperson/High School District Manager will be forwarded immediately to the Clinical Administrator at the

Regional Office. For high schools, requests for telephones, copiers and furniture will be forwarded to the Deputy Director of High School Clinical Services; requests for space will be forwarded to the Executive Assistant of Special Education for review. The request will be tracked by the Clinical Administrator, Deputy Director of High School Clinical Services, or High School Executive Assistant who will attempt to resolve the situation (Attachment C).

4. The Clinical Administrators/Deputy Director of High School Clinical Services will review any requests outstanding for more than a fifteen (15) work day period from the date of receipt from the CSE Chairperson/High School District Manager.
5. Matters not resolved by the Regional Office/High School Superintendency or Central Offices within the above stated 15 day period will be brought to the attention of the Assistant Superintendent of Clinical Services for resolution (Attachment E) with a copy to the CSE Chairperson/High School District Manager who will forward a copy to the respective SBST member.
6. The Assistant Superintendent of Clinical Services will share with appropriate Chapter Leaders all requests that have not been resolved (within the time periods indicated in this memorandum).

If any of the above mentioned support services, e.g., telephones, equipment, furniture are stolen or damaged, a copy of the police report and a completed incident report must be submitted with the attached Support Services Request Form Memorandum (Attachment A).

The Office of Monitoring and School Improvement (OMSI), as part of the monitoring process, will conduct monitoring activities to ensure that CSE Chairpersons/High School District Managers take necessary steps to resolve problems of specific support services requested by SBSTs. OMSI will monitor to ensure that the matter is addressed by the appropriate responsibility center.

DR:rbn
Attachments

c: Francine B. Goldstein
Nilda Soto Ruiz
E. A. Palmer
Stephen Mittman
Felix Ortiz
Phillip Greenspan



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Attachment A

SBST SUPPORT SERVICES REQUEST FORM

Date: _____

TO: _____
CSE Chairperson / HS District Manager

FROM: _____
Name SBST Position
CSE/HS Superintendency School

SUBJECT: SBST Support Services
 Telephone Space Furniture Copier

SECTION I - TO BE COMPLETED BY SBST MEMBER

SCHOOL ADDRESS: _____

CONTACT PERSON: _____ TELEPHONE NO. _____

ROOM NUMBER: _____ SBST TELEPHONE NO. _____

TIME OF AVAILABILITY (Please indicate hours available for each day of the week):

M ____ to ____ T ____ to ____ W ____ to ____ Th ____ to ____ F ____ to ____

OTHER SITE CONTACT OR ALTERNATE PHONE NUMBER/SITE/ROOM NUMBER (if needed):

REQUEST TYPE

TELEPHONE:

____ Installation ____ Move from Room ____ to Room ____ ____ Removal/Disconnection

SPACE:

____ Inadequate space ____ Additional space required

Briefly Describe: _____

FURNITURE / COPIER:

____ COPIER MACHINE
____ replace
____ repair
____ removal
____ parts

____ FURNITURE
____ Desk
____ Chair
____ File Cabinet

COMMENTS / ADDITIONAL INSTRUCTIONS:



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Attachment B

RESPONSE TO SBST SUPPORT SERVICES REQUEST FORM

TO BE COMPLETED BY CSE CHAIRPERSON / HIGH SCHOOL DISTRICT MANAGER

RECEIVED BY: _____ DATE: _____
CSE Chairperson/HS District Manager

5 Day Turnaround

SBST REQUEST VERIFIED BY: _____
Clinical Supervisor/HS Assistant Principal/Other

DATE: _____

ADDITIONAL COMMENTS:

STATUS:

1. Resolved Date: _____
Resolution (Briefly Describe):

2. In Process Date: _____
In Process Status (Briefly Describe):

2. Referred To:
 Clinical Administrator Date: _____
 Deputy Director of Clinical Services Date: _____
 HS Executive Assistant, Special Education Date: _____

Reason for Above Referral: _____

SBST Notification of Status of Request

Date Notified: _____



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Attachment C

M E M O R A N D U M

Date: _____

TO: _____ **Felix Ortiz**
Facilities Planning (Space & Telephones)

_____ **Phillip Greenspan**
Liaison to HS Division

FROM: _____
Clinical Administrator/Deputy Director of HS Clinical Services

RE: SBST Support Services Request

School _____ **CSE/HS Supt.** _____

Attached please find an SBST request for support services that could not be addressed at the local level.

Please advise me of the status of the attached request.

- _____ CSE Received SBST Request
- _____ Five (5) Day Turnaround to SBST
- _____ Fifteen (15) Day Turnaround by:
 - _____ Clinical Administrator
 - _____ Deputy Director, High School Clinical Services

/jm
Attachment
c: Office of Special Education Clinical Services

Note: Attachment D to be completed by the Offices of Facilities Planning or HS Telephone Liaison and returned to the appropriate Clinical Administrator or Deputy Director of HS Clinical Services.



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Attachment D

Facilities Planning/High School Liaison Response

To be completed by the Office(s) of Facilities Planning (Space/Telephones), HS Telephone Liaison and returned to the appropriate Clinical Administrator or Deputy Director of HS Clinical Services

COMPLETED BY: _____

OFFICE: _____

TELEPHONE NUMBER: _____

SBST REQUEST STATUS

Date _____

1. _____ **Resolved** **Date** _____

Resolution: _____

2. _____ **In Process** **Date** _____

Projected Completion: _____

3. _____ **Outstanding** **Date** _____

Comments: _____

RECEIVED BY:

____ **Clinical Administrator** **Date** _____
____ **Deputy Director of HS Clinical Services** **Date** _____