



PILGRIM AREA COLLABORATIVE

Extended Services

Deb Booth, M.Ed., PACES Director

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www.pilgrimac.org

Connecting SCHOOL – HOME - COMMUNITY

PACES Request Form

- 1 District Special Education office completes and signs form.
- 3 Attach copies of current IEP & any recent reports that may be relevant
- 4 Send to PAC PACES Office: Attention Deb Crothers dcrothers@pilgrimac.org

Requested By

District: _____
 Name: _____
 Date: _____
 Signature: _____

Services to start

Immediately, Signed IEP / Amendment attached

 Once the IEP / Amendment is signed and returned to the district

Priority Target Areas

1. _____
2. _____
3. _____

Student Information

Name: _____
 Parent / Guardian: _____
 Address: _____
 Town/Zip: _____
 Mom Cell: _____
 Mom Work: _____

Date of Birth: _____
 Gender: _____
 Email: _____
 Home Phone: _____
 Dad Cell: _____
 Dad Work: _____

School Information

Current School: _____
 Current Grade: _____
 SASID/LASID#: _____

Contact Person at school

Name: _____
 Phone: _____
 Email: _____

Services to be provided by PACES (check all that apply)

Note: Direct home/community based services & Transition Coaching must have supervision included

	# of hrs	Delivery Schedule weekly, monthly, ect.
<input type="checkbox"/> Supervision/consult/parent training (Grid A)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Consultation to Home (Grid A)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Consultation to School (Grid A)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> BCBA Supervision/consult/parent training (Grid A)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Direct Home Based Services (Grid C)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Direct School Based Services (Grid C)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Transition & Community Access (Grid C)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Transition Coaching (Grid C)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other _____	<input type="text"/>	<input type="text"/>

*Please indicate if services are to be provided during:

Vacation Weeks Yes _____ No _____
 ESY Program Yes _____ No _____

ESY Dates _____