



Every child is a work of art.
Create a masterpiece.



REQUEST FOR HOME SCHOOL ASSISTANCE - SERVICES
Department of Multilingual Education - Bilingual
131 West Broad Street Rochester, NY 14614
(585) 262-8203

School: _____ Teacher: _____

Student Name: _____ Grade: _____

Student ID #: _____

Date requested _____

Time: _____

Contact Person _____

Telephone #: _____

Event Type: _____

Estimated Time Range of Activity: _____

Please email requests to Sherley.Flores@RCSDK12.org at least 3 days prior to the event. For referrals related to student and families, please complete the back portion of this sheet, attach supportive documentation and indicate specific needs, services and time of office or home visit. For additional information, view the attached *Representative Activities for Support Form*.



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REPRESENTATIVE ACTIVITIES FOR SUPPORT

(Indicate support needed by marking the applicable boxes below)

- Collaborative Home Visits with Building Personnel (Teacher, social worker, psychologist, administrator, etc.)
- Provide contact information to families for referrals to human service organizations
- Attend and participate in school activities and events
- Make phone calls home (at the building)
- Support improved attendance initiatives
- Provide information to bilingual families regarding upcoming events
- Coordinate and conduct "How to Help your Student" workshop for parents
- Coordinate and conduct - School selection events for 6 go 7
- Any other bilingual parent event as approved by the Director of Bilingual Education

Tell us in a brief statement how we can collaborate with you:

Please attach supportive documentation to your request.

Thank you for your request for support. We will notify you within two business days from the date of receipt.

Department of Multilingual Education
Bilingual Education

For Office Use Only:

Job # _____

Date Requested: _____

HSA _____

Date Completed: _____