



New York State VESID/School District Articulation Agreement

Section 1. VESID Contact Information			
VESID District office	School District	Address of District Office	
Name of District Manager	Phone	Email	
Name of Liaison Counselor	Phone	Email	
Name of Regional Associate	Phone	Email	
Section 2. District Contact Information			
Name of Building Principal	Phone	Email	
Name of Special Ed. Admin.	Phone	Email	
Name of Contact Person for Team	Phone	Email	
Name of Facilitator	Phone	Email	
Section 2A. Contact Agreement			
Name	Title	Phone	Email
Name	Title	Phone	Email
Name	Title	Phone	Email
Name	Title	Phone	Email
Date of Meeting	Expiration of Date of Agreement*	Location of Meeting	

*1 year later

Section 3. Number of Students				Section 3a. Number of Students at Risk			
Students with disabilities exiting in current year		Students with disabilities exiting in the next year		Number of students at risk of dropping out (current year)			
IEP	504	GED	Medical	IEP	504	GED	Medical
()	()	()	()	()	()	()	()
Section 4. Referral Process/Agreement							
Please state the referral process that the district and the VESID counselor agreed to. Include dates, person responsible.							
Activity	Person Responsible			Title		Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Additional Notes							
Section 5. Documentation Agreement							
Please indicate the type of documentation that the VESID counselor and the district agree needs to be forwarded to VESID.							
Type of Document	Responsible Person for Sending		Title		District		Email
	Responsible Person for Receiving		Title		District		Email
Comments							
Section 6. Feedback Agreement							
Please indicate the feedback process that the district and the VESID counselor agreed to. Include person responsible and phone number.							
Feedback Steps	Name		Title		Date		
			Phone Number		Email		
Date of Agreement							