



AMITYVILLE UNION FREE SCHOOL DISTRICT
CPSE/CSE Meeting Finalization

____ **2019-2020**
____ **2020-2021**

IEP	504	Meeting Type IE AR RR RE MD
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Finalized	Y	N		
Consent	Y	N	SH	NA
PWN	Y	N	NA	

STUDENT NAME: _____ GRADE: 10 / 11 / 12 DATE: _____

RECOMMENDED SCHOOL: High School / Virtual / Home School/ BOCES CHAIR PERSON: P. Paternostro / H. Bausano

SENIORS ONLY	GRADUATING	DIPLOMA TYPE	POST GRADUATION PLANS	COMMENTS:
	Y N M	L R AR S C	C2 C4 V E	
PROGRAM	RATIO	FREQUENCY	DURATION	Comments
English VIP SC INT GEd	12:1:1 12:1+1	Daily	41 mins	
Math VIP SC INT GEd	12:1:1 12:1+1	Daily	41 mins	
Science VIP SC INT GEd	12:1:1 12:1+1	Daily	41 mins	
Social Studies VIP SC INT Ged	12:1:1 12:1+1	Daily	41 mins	
Resource Room	5:1	Daily	41 mins	
BOCES Tech	12:1:1	Daily	2.5 hours	
Home Instruction	1:1	Weekly	10 hours	

Related Service	Ratio	Frequency	Duration	Provider
Counseling	G I		30 mins	PSY SW SO
OT	G I		30 mins	
PT	G I		30 mins	
Speech	G I		30 mins	
Vision / Hearing	G I		30 mins	

Current Classification	LD OHI SL ED A ID MD HI VI OI	Foreign Language Exemption	Y N	NYSSAA	Y N
Change In Classification	Y N				
Special Transportation	___ DOOR TO DOOR ___ OTHER ___ NONE				
Supplementary AIDS/Program Modifications	___ NEW ___ NO CHANGE ___ REVISION: _____				
Test Accommodations	NEW ___ NO CHANGE ___ REVISION: _____				
Supports For School Personnel	NO BEHAVIOR CONSULTATION: _____ AIDE (RATIO/HOURS): _____				
Extended School Year (Admin Only)	Y N ESY RELATED SERVICES: C OT PT S V H ESY PROGRAM: _____				
Other	Triennial Reevaluation Needed: Y N Completed: PSY ED SH SL OT PT V H Requested Evaluations: _____ Miscellaneous: _____				

