AMITYVILLE UNION FREE SCHOOL DISTRICT ___ **2019-2020**

CPSE/CSE Meeting Finalization ___ **2020-2021**

IEP	504	Meeting Type IE AR RR RE MD

Finalized	Y N
Consent (Pink Form)	Y N SH NA
PWN (1 or 3)	Y N NA
Preschool Outcomes Survey	Y N NA

STUDENT NAME: _____
GRADE: EI / CPSE
DATE: _____
RECOMMENDED SCHOOL: Itinerant/Approved PreSchool / NE.
CHAIR PERSON: H. Bausano

Early Intervention Service Continuation Y N **Start/End Date:**	**EI Program** Y N **EI Itinerant Services** Y N	**CPSE Transition** Y N **Start Date:**	**County Forms** **CPSE Classification Notice** Y N NA **Pre-School Enrollment** Y N NA **Transportation** Y N NA **Prescriptions** Y N NA **Medicaid** Y N NA

PROGRAM	**RATIO**	**FREQUENCY**	**DURATION**		**Comments**	
SEIT						
Special Class	12:2:1	Daily	5 hours		Just Kids	
	8:1+2	Daily	5 hours		ALCD	
	6:1+3.5	Daily	5 hours		DDI	
	6:1:1	Daily	6 hours		BOCES JEA Elementary	
Integrated Co-Taught	12:1+1	Daily				
	18:1+2					

Related Service	**Ratio**	**Frequency**	**Duration**	**Provider/Agency**
Counseling	G I		45/30 mins	
OT	G I		45/30 mins	
PT	G I		45/30 mins	
Speech	G I		45/30 mins	
Vision / Hearing	G I		45/30 mins	

Current Classification **Change In Classification**	LD OHI SL ED A ID MD HI VI OI Y N NEW	**Foreign Language Exemption**	Y N	**NYSSAA**	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**:				