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	Y	N	SH	NA
PWN	Y	N	NA	

STUDENT NAME: _____ GRADE: 7 / 8 / 9 DATE: _____

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

PROGRAM	RATIO	FREQUENCY	DURATION		Comments	
English VIP SC INT GEd	12:1:1 12:1+1	Daily	42 mins			
Math VIP SC INT GEd	12:1:1 12:1+1	Daily	42 mins			
Science VIP SC INT GEd	12:1:1 12:1+1	Daily	42 mins			
Social Studies VIP SC INT Ged	12:1:1 12:1+1	Daily	42 mins			
Resource Room	5:1	Daily	42 mins			
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 **Change In Classification**	LD OHI SL ED A ID MD HI VI OI Y N	**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**:				