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 4th, 5th, 6th __ DATE: _____

RECOMMENDED SCHOOL: Park Ave / St. Martin's / BOCES CHAIR PERSON: _____

PROGRAM	RATIO	FREQUENCY	DURATION		Comments	
English SC INT GEd	12:1:1 12:1+1	Daily	2 hours			
Math SC INT GEd	12:1:1 12:1+1	Daily	1 hour 20 minutes			
Science SC INT GEd	12:1:1 12:1+1	Daily	40 mins			
Social Studies SC INT Ged	12:1:1 12:1+1	Daily	40 mins			
Resource Room	5:1	Daily	40 mins			
Teach: ELA Math Science Social Studies	6:1:1	Daily	1 hour 20 mns 40 mns 40 mns 40 mns			
BOCES		Daily	6 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**:				