

STUDENT NAME: [REDACTED]

NYC ID [REDACTED]

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES					
SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS*	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED	PROJECTED BEGINNING / SERVICE DATE(S)
SPECIAL EDUCATION PROGRAM:					
Integrated Co-Teaching Services	Language of Service: English	1 time(s) per day	Period	ELA	02/18/2011
Integrated Co-Teaching Services	Language of Service: English	1 time(s) per day	Period	Social Studies	02/18/2011
Special Class in a Community School	Language of Service: English	1 time(s) per day	Period	Math	02/18/2011
Special Class in a Community School	Language of Service: English	1 time(s) per day	Period	Sciences	02/18/2011
RELATED SERVICES:					
Counseling	Individual service Language of Service: English	1 time(s) per week	30 minutes		02/18/2011
Speech and Language Therapy	Group service Language of Service: English	1 time(s) per week	30 minutes	Separate Location	02/18/2011
Occupational Therapy (Requires a prescription)	Individual service Language of Service: English	1 time(s) per week	30 minutes	Separate Location	02/18/2011
SUPPLEMENTARY AIDS AND SERVICES/PROGRAM MODIFICATIONS/ACCOMMODATIONS:					
Paraprofessional Health <input type="checkbox"/> Transportation	Individual service	Daily	Full time		02/18/2011

<input type="checkbox"/> Toileting <input type="checkbox"/> Ambulation <input type="checkbox"/> Feeding <input checked="" type="checkbox"/> Other Health Needs ADHD/Bipolar Disorder					
ASSISTIVE TECHNOLOGY DEVICES AND/OR SERVICES: Computer	Individual service	Daily	full time		02/18/2011
SUPPORTS FOR SCHOOL PERSONNEL ON BEHALF OF THE STUDENT:					
* Identify, if applicable, class size (maximum student-to-staff ratio), language if other than English, group or individual services, direct and/or indirect consultant teacher services or other service delivery recommendations.					