

CSE Case # _____

Date of Conference _____

NYC ID # _____

Data Bank # _____

INTERIM SERVICE PLAN

Student's Name (last) _____ (first) _____ DOB _____ Sex _____

Address _____ (Zip Code) _____ Apt. _____

Home Dist. _____ Service Dist. _____ Home Phone _____ Business Phone _____

Name of Parent/Guardian _____ Preferred Language of Parent _____

Language Student Speaks _____ English LAB Score _____ Test Date _____

Name of Surrogate Parent/Agency _____ Spanish LAB Score _____ Test Date _____

Address _____ Telephone _____

Other City/State Agencies Known to Student: _____

SPECIAL PHYSICAL/MEDICAL ALERTS _____

OTHER SPECIAL ALERTS _____

INTERIM SERVICE PLAN RECOMMENDATION

PROGRAM _____

SERVICE CATEGORY _____

CLASS SIZE AND STAFFING _____ Supplemental Instructional Services - Days per week _____ Periods per day _____

Bilingual Instructional Service _____ (language) _____ Exception to Bilingual Services, ESL services only

Alternate Placement with a bilingual _____ speaking paraprofessional and English as a Second Language (ESL) 12 Month School Year

Specialized Equipment/Adaptive Devices _____

Barrier-free School Required

Secondary Level Diploma Status: Basic 1 Basic 2 Adaptive Physical Education

Projected Date of Initiation of Service: _____ Initiation Continuation Transportation

MANAGEMENT NEEDS	OTHER PROGRAMS/SERVICE CATEGORIES CONSIDERED (Indicate the reasons these options were rejected.)
_____	_____
_____	_____
_____	_____
_____	_____

To be completed ONLY for students whose Individualized Education Program (IEP) recommendations cannot be provided.

ATTACH THE COMPLETED IEP TO THIS DOCUMENT

IEP RECOMMENDATIONS as indicated on IEP dated _____

Classification _____

Program _____

Service Category _____

INTERIM SERVICE PLAN

CSE Case # _____

Student's Name _____

GENERAL ED. CLASS SCHEDULING (Mainstreaming) Check if None <input type="checkbox"/>				TESTING CATEGORY (must be indicated)	
Area/Subject/Language	Periods Per Day	Days Per Week	(H.S. Fall/ Spring)	A. No modifications <input type="checkbox"/>	B. Modified Participation <input type="checkbox"/>
				C. Excluded* <input type="checkbox"/>	
				*(H.S. students will not earn a diploma in this category)	
				Modifications: _____	

RELATED SERVICES												
Check if None <input type="checkbox"/>					Check - Initiation (I), Continuation (C), Modification (M), Bilingual (B)					Max/ Group		
I	C	M	B	(Language)						Sessions/ Week	Min/ Session	Size

RATIONALE FOR INTERIM PLACEMENT RECOMMENDATION

CONFERENCE INFORMATION

<u>Participants' Signatures</u>	<u>Title (Indicate if Bilingual)</u>	<u>Participants' Signatures</u>	<u>Title (Indicate if Bilingual)</u>

Scheduled CSE Review Date _____
 (No later than sixty (60) school days from date of initial conference)

CSE Case # _____

Date of Conference _____

Student's Name _____

ACADEMIC/EDUCATION ACHIEVEMENT AND LEARNING RATE; SOCIAL DEVELOPMENT; PHYSICAL DEVELOPMENT

Section A: To be completed ONLY for students whose IEP cannot be provided.

60 Day Goals (See attached IEP for instruments used, test results, description of performance, annual goals and short-term objectives. Include all areas/subjects for which special education is indicated.)

Area _____

Section B: To be completed ONLY for students awaiting evaluation for special education services for whom interim placement is required.

Functional Description
of Performance

Interim Service Goals

Academic Development _____

Social Development _____

Physical Development _____

