

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 _____ 12 Month School Year _____
paraprofessional and English as a Second Language (ESL)

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 _____