## Averill Park Central School District Committee Meeting Recommendations for Board of Education

	of Education Co	py'			AltID#: 315	124		Grade: Preschool	
0	BOE Date 01/25/2021	<b>Committee / R</b> Committee on Pr Initial Eligibility D	reschool Spec		<b>Decisi</b> Classifi Prescho Service	ed	<b>Disability</b> Preschool Studer a Disability	Placement Recommendation / School Approved Preschool Special Education Program(APSEP)	
Recommended P	rogram/Service	Start Date	End Date	Ratio	Frequency	<b>Period</b>	<b>Duration</b>	Location	
Special Class		01/11/2021	06/25/2021	12:1+2	5	Weekly	5hr.	Special Class	
Occupational Thera	ару	01/11/2021	06/25/2021	Individual	1	Weekly	30min.	Therapy Room	
Speech/Language	Therapy	01/11/2021	06/25/2021	Individual	2	Weekly	30min.	Therapy Room	
Psychological Cou	nseling Services	01/11/2021	06/25/2021	Individual	1	Monthly	30min.	Therapy Room	
recommended to be classified as a preschool child with a disability and receive a PT eval, OT 1x30(1:1), Speech 2x30(1:1), 12:1:2 program, and play therapy 1x30. The parent has chosen to have the child stay in EI until June and transition over the summer.     Special Transportation: Does the student need special transportation accommodations/services? Yes   Transportation Need Transportation Recommendation   Type of Transportation Door to Door Transportation									
Student: 'Board of	of Education Co	ру'			AltID#: 3112	248		Grade: Preschool	
Meeting Date 01/08/2021	BOE Date 01/25/2021	Committee / R Committee on Pr Requested Revie	reschool Spec	cial Education /	<b>Decisi</b> Classifi	<b>on</b> ed Preschool	<b>Disability</b> Preschool Studer a Disability	nt with Approved Preschool Special Education Program(APSEP) Clover Patch Preschool	
Recommended P	rogram/Service	Start Date	End Date	Ratio	Frequency	<b>Period</b>	<b>Duration</b>	Location	
Special Class		09/09/2020	06/25/2021	10:1:3	5	Weekly	5hr.	Special Class	
Speech/Language	Therapy	09/09/2020	06/25/2021	Individual	2	Weekly	30min.	Therapy Room	
Speech/Language	Therapy	09/09/2020	06/25/2021	Small Group	1	Weekly	30min.	Therapy Room	
		00/00/0000	0010510004	Individual	2	Weekly	20	merapy room	
Occupational Thera	ару	09/09/2020	06/25/2021	inuiviuuai	2	VVEEKIY	30min.	Therapy Room	
Occupational Thera Physical Therapy	ару	09/09/2020 01/11/2021		Individual	1	Weekly	30min. 30min.		
•		01/11/2021	06/25/2021		1 4			Therapy Room	
Physical Therapy	rvices	01/11/2021 09/09/2020	06/25/2021	Individual	1 4 1	Weekly	30min.	Therapy Room Therapy Room	
Physical Therapy Skilled Nursing Ser Speech/Language <u>BOE Info:</u> This wa minutes/day, OT 2 <u>Special Transport</u> Transportation Ne	rvices Therapy as a requested re x30(1:1), PT 1x3 <u>tation</u> : Does the <u>eed</u>	01/11/2021 09/09/2020 01/11/2021 eview to go over u 0(1:1), speech 3x	06/25/2021 06/25/2021 06/25/2021 pdated testing 30(1:1), and	Individual Individual Individual g. The parents 1x30(5:1). The	1 4 1 and staff parti committee wil	Weekly Daily Weekly icipated via goo I reconvene to ces? Yes <u>Transportat</u>	30min. 15min. 30min. ogle meets. The co review the TVI eva ion Recommenda	Therapy Room Therapy Room Nurse's Office Classroom ommittee is recommending: a TVI evaluation, skilled nursing 4x15 Iluation.	
Physical Therapy Skilled Nursing Set Speech/Language <u>BOE Info:</u> This wa minutes/day, OT 2 <u>Special Transport</u> <u>Transportation Ne</u> Other Accommoda	rvices Therapy as a requested re x30(1:1), PT 1x3 tation: Does the eed ttions	01/11/2021 09/09/2020 01/11/2021 eview to go over u 0(1:1), speech 3x	06/25/2021 06/25/2021 06/25/2021 pdated testing 30(1:1), and	Individual Individual Individual g. The parents 1x30(5:1). The	1 4 1 and staff parti committee wil	Weekly Daily Weekly icipated via goo I reconvene to ces? Yes <u>Transportat</u> Door to Doo	30min. 15min. 30min. ogle meets. The co review the TVI eva	Therapy Room Therapy Room Nurse's Office Classroom ommittee is recommending: a TVI evaluation, skilled nursing 4x15 luation.	
Physical Therapy Skilled Nursing Ser Speech/Language <u>BOE Info:</u> This wa minutes/day, OT 2 <u>Special Transport</u> Transportation Ne	rvices Therapy as a requested re x30(1:1), PT 1x3 tation: Does the eed ttions	01/11/2021 09/09/2020 01/11/2021 eview to go over u 0(1:1), speech 3x	06/25/2021 06/25/2021 06/25/2021 pdated testing 30(1:1), and ecial transpor	Individual Individual Individual g. The parents 1x30(5:1). The	1 4 1 and staff parti committee wil	Weekly Daily Weekly icipated via goo I reconvene to ces? Yes <u>Transportat</u> Door to Doo	30min. 15min. 30min. ogle meets. The co review the TVI eva ion Recommenda	Therapy Room Therapy Room Nurse's Office Classroom ommittee is recommending: a TVI evaluation, skilled nursing 4x15 Iluation.	

01/08/2021		Committee on Pi Requested Revie	•	cial Education	/ Classifi	ed Preschool	Preschool Stuc a Disability	lent with	Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only
Recomm	ended Program/Service	Start Date	End Date	<u>Ratio</u>	<b>Frequency</b>	Period	Duration	Locat	ion
Special E	ducation Itinerant Services	01/11/2021	06/25/2021	1:1	1	Weekly	2hr.	Home	/Preschool
Occupatio	onal Therapy	01/11/2021	06/30/2021	Individual	2	Weekly	30min.	Thera	py Room
Play The	rapy	01/11/2021	06/30/2021	Individual	1	Weekly	30min.	Thera	py Room
Speech/L	anguage Therapy	09/01/2020	06/30/2021	Individual	3	Weekly	30min.	Home	/Preschool/Daycare
Speech/L	anguage Therapy	07/01/2020	08/31/2020	Individual	2	Weekly	30min.	Home	

**BOE Info:** This was a requested review. The students' parents and preschool staff participated via google meetings. The student qualifies as a preschooler with a disability and is recommended to receive: OT 2x30(1:1), play therapy 1x30(1:1), SEIT 2hrs/week.

Student: 'Board	of Education Cop	y'			AltID#: 304	646			Grade: Preschool
Meeting Date   BOE Date   Committee / Reason     01/08/2021   01/25/2021   Committee on Preschool Special Education Requested Review				Decision   Disability     /   Classified Preschool   Preschool Student a Disability		ent with	Placement Recommendation / School Approved Preschool Special Education Program(APSEP) / A Child's Place at Unity House		
Recommended	Program/Service	Start Date	End Date	<u>Ratio</u>	Frequency	Period	<b>Duration</b>	Locat	tion
Special Class in a	an Integrated Setting	09/09/2020	06/25/2021	6:1+1	5	Weekly	5hr.	Integr	rated
Speech/Languag	e Therapy	09/09/2020	06/25/2021	Individual	3	Weekly	30min.	Presc	chool/DayCare
Occupational The	erapy	09/09/2020	06/25/2021	Individual	2	Weekly	30min.	Presc	chool/DayCare
Physical Therapy	,	01/19/2021	06/25/2021	Individual	1	Weekly	30min.	Presc	hool/DayCare
5 15		07/01/2020	08/31/2020	Individual	1	Weekly	30min.	Home	9
Occupational The	erapy	07/01/2020	08/31/2020	Individual	1	Weekly	30min.	Home	9

**BOE Info:** This was a requested review meeting, staff participated via google meets and the parent participated via the phone. The committee reviewed the PT evaluation for the student. At this time the committee is recommending: PT 1x30(1:1).

Student: 'Board	of Education Co	opy'			AltID#: 315	143		Grade: Preschool	
Meeting Date   BOE Date   Committee / Reason     01/08/2021   01/25/2021   Committee on Preschool Special Education     Requested Review   Review			cial Education	/ Classified Preschool Breschool Stude a Disability		ent with	Placement Recommendation / School Approved Preschool Special Education Program(APSEP) / Clover Patch Preschool		
Recommended	Program/Service	Start Date	End Date	<u>Ratio</u>	<b>Frequency</b>	Period	<b>Duration</b>	Loca	<u>tion</u>
Special Class		09/09/2020	06/25/2021	8:1+3	5	Weekly	5hr.	Speci	al Class
Speech/Languag	e Therapy	11/03/2020	06/25/2021	Individual	4	Weekly	30min.	Class	room/therapy room
Occupational Therapy 11/03/2020 06/25/2			06/25/2021	Individual	3	Weekly	30min.	Class	room/therapy room
Physical Therapy	1	09/09/2020	06/25/2021	Individual	2	Weekly	30min.	Thera	apy Room

**BOE Info:** This was a requested review meeting for this student. The staff from his preschool program participated via google meetings. The student still qualifies as a preschooler with a disability, there are no changes to his program or services at this time.

Other Accomm	<u>n Need</u> odations				on Recommend Transportation	
<b>Student:</b> 'Boa	rd of Education Co	уру'	AltID#: 301	1446		Grade: 06
<b>leeting Date</b> 2/21/2020	BOE Date 01/25/2021	<b>Committee / Reason</b> Committee on Special Education Eligibility Determination Meetin			Disability	Placement Recommendation / School Home Public School District(HPSD) / Algonquin Mido School
The school tea Committee disc Committee det under IDEA.	m and parents met v cussed the psycho-e ermined that the stud	ia Google Meet. The parents as ducational evaluation completed	sked that the student's nurse d by the school psychologist of reading that would qualify	e practitioner/cou t as well as schoo her for accommo	inselor and famil ol records, social	parents due to concerns regarding an educationally related dis y friend attend the meeting and they joined via Meet. history, prior evaluations, and parent and teacher input. The time student does not demonstrate need for specialized instruct
tudent: 'Boa	rd of Education Co	ру'	AltID#: 306	3379		Grade: 11
leeting Date 2/21/2020	BOE Date 01/25/2021	<b>Committee / Reason</b> Committee on Special Education Requested Review	on / Classif		Disability Other Health Im	Placement Recommendation / School pairment Home Public School District(HPSD) / Averill Park Hig School
Recommende	d Program/Service	Start Date End Date	Ratio Frequency	Period	<b>Duration</b>	Location
Consultant Tea	cher Services	09/08/2020 06/25/2021	Direct 1	Every Other Day	1hr.	Regular Class - English
Resource Roor	n Program	09/08/2020 06/25/2021	5:1 1	Every Other Day	1hr. 20min.	Resource Room
invited but did r accommodation	not attend. Father co ns along with a trien ommended that stud	ontacted the CSE office to confirminal review of records completed	m that he received the notice I by the school psychologist	e but would not b	be attending . The	ew. The Committee met via Google Meet. Parent and student e Committee reviewed progress, attendance, services and Other Health Impairment . No changes to the current program
invited but did r accommodation Committee reco recommended	not attend. Father co ns along with a trien ommended that stud	ontacted the CSE office to confirm nial review of records completed lent continue to be classified as a	m that he received the notice I by the school psychologist	e but would not t nally related disab	be attending . Th	e Committee reviewed progress, attendance, services and
invited but did r accommodation Committee reco recommended	not attend. Father co ns along with a trien ommended that stud at this time.	ontacted the CSE office to confirm nial review of records completed lent continue to be classified as a	m that he received the notice I by the school psychologist a student with an educationa AltID#: 301 Decision / Initial	e but would not b ally related disab	be attending . The object of t	e Committee reviewed progress, attendance, services and Other Health Impairment . No changes to the current program
invited but did n accommodation Committee reco recommended Student: 'Boa leeting Date 2/21/2020	not attend. Father co ns along with a trien ommended that stud at this time. rd of Education Co BOE Date	ontacted the CSE office to confirm nial review of records completed lent continue to be classified as a opy' <b>Committee / Reason</b> Committee on Special Education Eligibility Determination Meetin	m that he received the notice I by the school psychologist a student with an educationa AltID#: 301 Decision / Initial	e but would not b ally related disab	be attending . The object of t	e Committee reviewed progress, attendance, services and Other Health Impairment . No changes to the current program <b>Grade:</b> 09 <b>Placement Recommendation / School</b> pairment Home Public School District(HPSD) / Averill Park Hig

**BOE Info:** This was an initial eligibility determination meeting for a student referred to the Committee on Special Education. The school team attended via Google Meet. The student and guardians were invited, were phoned at the beginning of meeting and message regarding how to dial in to meet was left on voice mail. They did not attend. The Committee reviewed the most recent psycho-educational assessment completed by school psychologist along with teacher reports, school records, social history and report cards. The Committee recommended classification as a student with an educationally related disability classified as Other Health Impairment. The Committee recommended Consultant Teacher Direct to English 1x60 every other day.

Student: 'Board	d of Education Co	ору'			AltID#: 205	822		Grade: 11
Meeting Date 12/21/2020	BOE Date 01/25/2021	Committee / R Committee on Sp Requested Revie	pecial Educat	ion /	<b>Decisi</b> Classifi	-	<b>Disability</b> Other Health Ir	Placement Recommendation / School npairment Home Public School District(HPSD) / Averill Park High School
<b>Recommended</b>	Program/Service	Start Date	End Date	Ratio	<b>Frequency</b>	Period	<b>Duration</b>	Location
Special Class - I	English	09/08/2020	06/25/2021	15:1	1	Every Other Day	1hr. 20min.	Special Class
Special Class - I	Math	09/08/2020	06/25/2021	15:1	1	Every Other Day	1hr. 20min.	Special Class
Resource Room	n Program	09/08/2020	06/25/2021	5:1	1	Every Other Day	1hr. 20min.	Resource Room
Consultant Teac	cher Services	09/08/2020	06/25/2021	Direct	1	Every Other Day	1hr.	Regular Class - Social Studies
Skilled Nursing Skilled Nursing	Services	09/14/2020	06/18/2021	Individual	5	Weekly	15min.	Nurse's Office
Counseling		09/14/2020	06/18/2021	Small Group	1	Monthly	1hr. 30min.	Therapy Room
Shared Aide		09/08/2020	06/25/2021		1	Every other day	During Classwork	Regular Class - Science
Shared Aide		09/08/2020	06/25/2021		1	Every other day	During Classwork	Regular Class - Health

**BOE Info:** This was a requested review for a student not attending class consistently. The Committee met via Google Meet. The meeting also served as triennial review. Parent/guardian and student were invited but did not attend. Guardian contacted the CSE office to confirm that she received the notice but would not be attending. The Committee reviewed progress, attendance, services and accommodations along with a triennial review of records completed by the school psychologist.

Committee recommended that student continue to be classified as a student with an educationally related disability classified as Other Health Impairment . No changes to the current program were recommended at this time.

Student: 'Board	d of Education Co	opy'			AltID#: 309	394		Grade: 09	
Meeting Date 12/21/2020	BOE Date 01/25/2021	<b>Committee / Reason</b> Committee on Special Education / Requested Review			<b>Decision</b> Classified		Disability Learning Disabil	lity Placement Recommendation / School Home Public School District(HPSD) / Averill Park High School	
Recommended	Program/Service	Start Date	End Date	<u>Ratio</u>	<b>Frequency</b>	<b>Period</b>	<b>Duration</b>	Location	
Consultant Teac	cher Services	09/08/2020	06/24/2021	Direct	1	Every Other Day	1hr. 20min.	Regular Class - English	
Resource Room	Program	09/08/2020	06/24/2021	5:1	1	Every Other Day	1hr. 20min.	Resource Room	

Special Class - Math	01/04/2021 06/24/2021 15:1	1	Every Other Day	1hr. 20min.	Special Class
Special Class - Math	01/04/2021 06/24/2021 15:1	1	Every Other Day	40min.	Special Class
Shared Aide	09/08/2020 06/24/2021		Every other day	1 hour 20 minutes	Regular Class - Science
Shared Aide	09/08/2020 06/24/2021		Every other day	1 hour 20 minutes	Regular Class - Social Studies
Shared Aide	09/08/2020 06/24/2021		Every other day	1 hour 20 minutes	Classroom - elective Tech

**BOE Info:** This was a requested review meeting for a student identified by the Committee on Special Education as a student with a specific area learning disability. The school team participated via Google Meet and the student's mother participated via phone. The student was invited but per mother chose not to participate. The Committee reviewed current progress reports from both general education and special education teachers and input from parent. School team and parent noted that math is a particular area of difficulty. Committee recommended: 15:1 Special Class for math 1x80 every other day and 1x40 every other day.

Student: 'Bo	ard of Education Co	ру'			AltID#: 315	038			Grade: Kdg.
Meeting Date 12/22/2020			ion /	Decision Classified		<b>Disability</b> Traumatic Brain Injury		Placement Recommendation / School Home Public School District(HPSD) / West Sand Lake Elementary School	
Recommend	led Program/Service	Start Date	End Date	Ratio	<b>Frequency</b>	Period	<b>Duration</b>	Locat	<u>ion</u>
Consultant Te	eacher Services	09/08/2020	06/25/2021	Direct	1	Weekly	2hr.	Regul	ar Class
Speech/Lang	uage Therapy	09/14/2020	06/18/2021	Individual	2	Weekly	30min.	Specia	al Location
Occupational	Therapy	09/14/2020	06/18/2021	Individual	3	Weekly	30min.	Specia	al Location
Occupational	Therapy	09/14/2020	06/18/2021	Small Group (5:1)	1	Weekly	30min.	Specia	al Location
Physical The	rapy	09/14/2020	06/18/2021	Individual	3	Weekly	30min.	Specia	al Location
Physical The	гару	09/14/2020	06/18/2021	Small Group (5:1)	1	Weekly	30min.	Specia	al Location
Aide		09/08/2020	06/25/2021		5	Weekly	6 hours 30 minutes	schoo	I setting
Physical The	rapy Consultation	09/08/2020	06/25/2021		1	Weekly	15 minutes	schoo	I setting

**BOE Info:** This was a requested review for this student to go over an outside evaluation. The parent participated via the phone and staff participated via google meets. At this time the committee is recommending the following: add/change program modifications to note the behavior strategies in place, update the AT piece to include a device with a touch screen and stylus, no program or related service changes at this time.

Special Transpor	rtation: Does th	ion: Does the student need special transportation accommodations/services? Yes									
Transportation N	leed_	Transportation Recommendation									
Other Accommoda	ations	Bus with an Attendant									
	of Education Copy' AltID#: 304902 Grade: Kdg.										
Student: 'Board	of Education C	ору'	AltID#: 304902		Grade: Kdg.						

12/22/2020 01/25/2021 Committee on Special Education / Requested Review Transfer Student				Classified		Speech or Lang Impairment	uage Home Public School District(HPSD) / Poestenkill Elementary School
<b>Recommended Program/Service</b>	Start Date	End Date	<u>Ratio</u>	<b>Frequency</b>	Period	<b>Duration</b>	Location
Consultant Teacher Services	12/23/2020	06/25/2021	Direct	5	Weekly	1hr. 30min.	Regular Class - English
Consultant Teacher Services	12/23/2020	06/25/2021	Direct	5	Weekly	1hr.	Regular Class - Math
Speech/Language Therapy	12/23/2020	06/18/2021	Individual	3	Monthly	30min.	Therapy Room
Speech/Language Therapy	12/23/2020	06/18/2021	Small Group	6	Monthly	30min.	Therapy Room

**BOE Info:** This was a requested review transfer in meeting. The staff participated via google meets and the parent participated via the phone. The committee is recommending the following: speech to 6x30(5:1)/month and 3x30(1:1)/month, CT ELA 5x90, CT Math 5x60, send home permission for a re-evaluation, and include an OT and PT evaluation due to concerns with gross and fine motor skills.

Student: 'Board	of Education Co	ору'			AltID#: 309	192		Grade: 01
Meeting Date 12/22/2020	•		ion /	Decision Classified		Disability   Placement Recommendation / School     Other Health Impairment   Home Public School District(HPSD) / Miller Hill-San Elementary School		
Recommended	Program/Service	Start Date	End Date	<u>Ratio</u>	<b>Frequency</b>	<b>Period</b>	<b>Duration</b>	Location
Speech/Languag	e Therapy	09/14/2020	06/18/2021	Individual	1	Weekly	30min.	Therapy Room
Occupational The	erapy	09/14/2020	06/18/2021	Individual	2	Weekly	30min.	Therapy Room
Speech/Languag	e Therapy	09/14/2020	06/18/2021	Small Group	2	Weekly	30min.	Therapy Room
Speech/Languag	e Therapy	07/06/2020	08/14/2020	Individual	1	Weekly	30min.	Therapy Room
Occupational The	erapy	07/06/2020	08/14/2020	Individual	1	Weekly	30min.	Therapy Room
Speech/Languag	e Therapy	07/06/2020	08/14/2020	Small Group	1	Weekly	30min.	Therapy Room

**BOE Info:** This was a re-evaluation meeting, the staff participated via google meets and the parent participated via the phone. The committee is recommending the following: continued classification as OHI, and continuation of the current level of related services and programs.

Student: 'Board		AltID#: 304892			Grade: 01				
Meeting Date 12/22/2020	BOE Date 01/25/2021	Committee / Reason Committee on Special Education / Requested Review Transfer Student			Decision Classified		<b>Disability</b> Speech or Language Impairment		acement Recommendation / School me Public School District(HPSD) / Poestenkill ementary School
Recommended	Program/Service	Start Date	End Date	<u>Ratio</u>	<b>Frequency</b>	Period	<b>Duration</b>	Location	
Consultant Teacl	ner Services	12/23/2020	06/25/2021	Direct	5	Weekly	1hr.	Regular C	lass - Math
Consultant Teacl	ner Services	12/23/2020	06/25/2021	Direct	5	Weekly	1hr. 30min.	Regular C	lass - English
Speech/Languag	e Therapy	12/23/2020	06/18/2021	Small Group (5:1)	6	Monthly	30min.	Therapy R	Coom

**BOE Info:** This was a requested review transfer in meeting. Staff participated via google meets and the parent participated via the phone. At this time the committee is recommending the following: As per regulations, the student needs to be re-evaluated, CT ELA 5x90, CT Math 5x60, Speech 6x30(5:1)/month.

Student: 'Board of Education C		AltID#: 301	461		Grade: 05			
BOE Date   Committee / Reason     /22/2020   01/25/2021   Committee on Special Edu     Requested Review   Review		pecial Educat	ion /	<b>Decis</b> Classif	-	Disability   Placement Recommendation / School     Other Health Impairment   Home Public School District(HPSD) / Miller Hill-Sa     Elementary School   Elementary School		
Recommended Program/Service	Start Date	End Date	Ratio	Frequency	Period	Duration	Location	
Consultant Teacher Services	09/08/2020	06/25/2021	Direct	1	Daily	1hr. 30min.	Regular Class - English	
Special Class - Math	09/08/2020	06/25/2021	15:1	1	Daily	1hr.	Special Class	
Occupational Therapy	09/14/2020	06/18/2021	Small Group	1	Weekly	30min.	Therapy Room	
Counseling	09/14/2020	06/18/2021	Small Group	1	Monthly	2hr.	Therapy Room	
Aide	09/08/2020	06/25/2021	1:1	1	Daily	6 hours 30 minutes	School Buildling	
Occupational Therapy Consultatio	n 09/08/2020	06/25/2021		1	Weekly	15 minutes	Within the general educational setting	
<b>BOE Info:</b> This was a requested time the committee is recommend							cipated via the phone and staff participated via google meets . At this on with the parents .	

Student: 'Board of Education Copy'				AltID#:			Grade: 10			
Meeting Date   BOE Date     12/22/2020   01/25/2021		Committee / Reason Committee on Special Education / Requested Review			Decision Classified		Disability   Placement Recommendation / School     Other Health Impairment   Home Public School District(HPSD) / Averill Paschool     School   School			
Recomme	nded Program/Service	Start Date	End Date	<u>Ratio</u>	<b>Frequency</b>	<b>Period</b>	Duration	Location		
Resource I	Room Program	09/08/2020	06/25/2021	5:1	1	Every Other Day	40min.	Resource Room		
Shared Aic	le	09/08/2020	06/25/2021			Daily	During Classwork	Regular Class - Science		
Shared Aic	le	09/08/2020	06/25/2021			Every other day	During Classwork	Regular Class - Social Studies		
Shared Aid	le	09/08/2020	06/25/2021			Every other day	During Classwork	Regular Class - English		
Shared Aic	le	09/08/2020	06/25/2021			Daily	During Classwork	Regular Class - Math		

**BOE Info:** This was a requested review meeting. The parents participated by phone and staff participated via google meets. The Committee discussed the student's academic progress, strengths, current supports and areas of concern.

Program accommodations were added. The Committee recommended no changes to program at this time.

Student: 'Board	of Education C	Сору'	AltID#: 315814		Grade: 03
Meeting Date 01/04/2021	BOE Date 01/25/2021	<b>Committee / Reason</b> Committee on Special Education / Transfer Student - Agreement No Meeting	Decision Classified	<b>Disability</b> Speech or Language Impairment	Placement Recommendation / School Home Public School District(HPSD) / West Sand Lake Elementary School

Recommended Speech/Language	Program/Service e Therapy		End Date 06/25/2021	Ratio Small Group	Frequency 2	<u>Period</u> Weekly	Duration 30min.	<u>Location</u> Therapy Room
BOE Info: This	was a transfer in r	io meeting. The (	CSE accepts	the IEP as writ	tten. The studer	nt will receive	speech 2x30(5:1).	
Student: 'Board	of Education Co	ру'			AltID#: 3110	033		Grade: 04
Meeting Date 01/05/2021	BOE Date 01/25/2021	Committee / R Committee on Sp Amendment - Ag	pecial Educat		<b>Decisi</b> Classifie		<b>Disability</b> Learning Disabi	lity Placement Recommendation / School Home Public School District(HPSD) / Miller Hill-Sand Lake Elementary School
Recommended   Special Class - La Shared Aide	Program/Service anguage Arts	01/05/2021		<u>Ratio</u> 15:1	Frequency 5	<u>Period</u> Weekly Daily	<u>Duration</u> 1hr. 30min. During Classwork	<u>Location</u> Special Class science, social studies, and WIN
writing needs, the	e parent is in agree	ement.	io meeting to	remove CT El			and change to Spe	cial Class ELA 15:1 5x90 to be more supportive for reading and
Student: 'Board	of Education Co	py'			AltID#: 3150	040		Grade: 02
<b>Meeting Date</b> 01/05/2021	BOE Date 01/25/2021	Committee / R Committee on Sp Amendment - Ag	pecial Educat		<b>Decisi</b> Classifie		Disability Other Health Im	Placement Recommendation / School pairment Home Public School District(HPSD) / West Sand Lake Elementary School
Recommended I Consultant Teach	Program/Service ner Services			<u>Ratio</u> Direct	Frequency 1	<u>Period</u> Daily	<u>Duration</u> 1hr. 30min.	<u>Location</u> Regular Class - English
Consultant Teach			06/25/2021		1	Daily	1hr.	Regular Class - Math
Resource Room	Program		06/25/2021		1	Daily	30min.	Resource Room
Counseling Shared Aide			06/18/2021	Small Group	1	Monthly Daily	2hr. Daily	Therapy Room classroom during WIN,
								arrival/hr. & dismissal
BOE Info: This v	was an amendmer	it to the IEP with r	10 meeting to	add a new go	al as the previo	us one was a	chieved . The pare	arrival/hr, & dismissal ent is in agreement.
	was an amendmer prtation: Does the		-	-			chieved . The pare	
	ortation: Does the		-	-		ces? Yes <u>Transporta</u>	ation Recommend	ent is in agreement.
Special Transpo	ortation: Does the Need		-	-		ces? Yes <u>Transporta</u>		ent is in agreement.
Special Transpo Transportation I Vehicle and/or eq	ortation: Does the Need quipment needs	e student need spo	-	-		ces? Yes <u>Transporta</u> Small Bus o	ation Recommend	ent is in agreement.
Special Transpo Transportation I	ortation: Does the Need quipment needs	e student need spo	ecial transpor	tation accomm	nodations/servio	ces? Yes <u>Transporta</u> Small Bus o 082 <b>on</b>	ation Recommend or Vehicle to & fron Disability	ent is in agreement. I <u>ation</u> n school
Special Transport Transportation I Vehicle and/or eq Student: 'Board Meeting Date 01/05/2021	ortation: Does the Need quipment needs of Education Co BOE Date	e student need spo ppγ' <b>Committee / R</b> Committee on S <sub>I</sub> Requested Revie	ecial transpor	tation accomm	AltID#: 3150	ces? Yes <u>Transporta</u> Small Bus o 082 <b>on</b>	ation Recommend or Vehicle to & fron Disability	ent is in agreement.

Γ	Special Class - Math	09/08/2020	06/25/2021	15:1	1	Daily	1hr.	Special Class
	Resource Room Program	09/08/2020	06/25/2021	5:1	1	Daily	30min.	Resource Room
	Shared Aide	09/08/2020	06/25/2021		N/A	Daily	During	science and social studies
							Classwork	

**BOE Info:** This was a requested review for this student. The parent was sent an invitation and called at the time of the meeting, but did not participate. The committee is recommending the following: Change from CT ELA to 15:1 ELA, change of goals to reflect needs in reading, change program modifications.

Student: 'Board		AltID#: 315797				Grade: 01			
Meeting Date 01/05/2021	BOE Date 01/25/2021	<b>Committee / Reason</b> Committee on Special Education / Requested Review			<b>Decisi</b> Classifi	-	<b>Disability</b> Speech or Language Impairment		Placement Recommendation / School Home Public School District(HPSD) / West Sand Lake Elementary School
Recommended	Program/Service	Start Date	End Date	Ratio	Frequency	Period	<b>Duration</b>	Locat	ion
Consultant Teac	ner Services	09/14/2020	06/25/2021	Direct	5	Weekly	30min.	Regula	ar Class - English
Consultant Teac	ner Services	09/14/2020	06/25/2021	Direct	5	Weekly	30min.	Regula	ar Class - Math
Speech/Languag	e Therapy	09/14/2020	06/18/2021	Small Group	6	Monthly	30min.	Thera	py Room
Counseling		09/14/2020	06/18/2021	Small Group	2	Monthly	30min.	Thera	py Room

**BOE Info:** This was a requested review meeting staff participated via google meets and the parent participated via the phone. At this time the committee is recommending the following: additions of program modifications and an ELA goal.

Student: 'Boar			AltID#: 304572			Grade: 04		
Meeting Date   BOE Date   Committee / Reason     01/06/2021   01/25/2021   Committee on Special Educ     Amendment - Agreement N   Amendment - Agreement N		pecial Educat		<b>Decis</b> i Classifi	-	DisabilityPlacement Recommendation / SchoolOther Health ImpairmentHome Public School District(HPSD) / Poestenki Elementary School		
Recommended	I Program/Service	Start Date	End Date	<u>Ratio</u>	<b>Frequency</b>	<b>Period</b>	<b>Duration</b>	Location
Consultant Tead	cher Services	09/08/2020	06/25/2021	Direct	1	Daily	1hr. 30min.	Regular Class - English
Consultant Tead	cher Services	09/08/2020	06/25/2021	Direct	1	Daily	1hr.	Regular Class - Math
Shared Aide		09/08/2020	06/25/2021			Daily	During Classwork	science and social studies

BOE Info: This was an amendment to the IEP with no meeting to update a math goal, the parent is in agreement.