

Office of Special Education  
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Director of Special Education

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## PROGRAM INFORMATION For the 2015-2016 School Year

\_\_\_\_\_Annual Review      \_\_\_\_\_Reevaluation Review

Student: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Provider: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Print Name)

### **Program Information:**

Current Model of Service Delivery:

### **Methods of Assessment and Results:**

Please attach a formal Special Education Program Report. This *information must be entered on-line, too*. Please attach the student's report card and copy of the student's progress report.

### **Progress:**

Has improvement been noted?

Have goals and/or objectives been accomplished?

### **Recommendations:**

\_\_\_\_Continue Service      \_\_\_\_Increase Service      \_\_\_\_Decrease Service      \_\_\_\_Discontinue Service

### **Frequency and Duration:**

\_\_\_\_\_Group      \_\_\_\_\_Individual      \_\_\_\_\_Consultation

**Goals:** *Must be entered on-line 10 days prior to meeting.*

**Extended School Year (ESY):** *If you are recommending summer services, please complete the ESY Student Eligibility Review Form and the ESY Supporting Data Summary Form and attach.*

**Aide:** *If you are recommending classroom aide, shared aide or 1:1 aide, please complete Aide Request Form and attach.*

**Signature:** \_\_\_\_\_