

CENTRAL SCHOOL DISTRICT

Office of Pupil Services David Mitchell, Director (518) 884-7195 Ext. 336 E-mail: dmitchell@bscsd.org

PROGRAM INFORMATION FORM For the 2009-2010 School Year

S	cudent: DOB
S	chool: Grade: Teacher:
lr	formation Submitted by (Print Name):
S	gnature:Today's Date:
1	Program Information
	Current Model of Service Delivery:
2.	Methods of Assessment and Results
	Please attach a formal assessment report. This information must be entered online too.
	Please attach the student's report card and a copy of the student's progress report.
3.	<u>Progress</u>
	Has improvement been noted?
	tte er end er de levet en hanne en er elske dû
	Have goals and objectives been accomplished?
1	Student Performance Summary Information
	This information must be entered online in appropriate sections of student's present levels of performance
	(Academic, Social, Physical, and Management).
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5.	<u>Recommendations</u>
-	a) Continue Service b) Decrease Service
	b) Discontinue Service
	Frequency and Duration
	Group Individual Consult

- 6. **Goals:** Must be entered online 10 days prior to meeting.
- 7. **ESY:** If you are recommending summer services please complete the ESY Student Eligibility Review Form and the Supporting Data Summary Form and attach.
- 8. <u>Aide</u>: If you are recommending classroom aide, shared aide or 1:1 aide, please complete aide request form and attach.