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**INTERNAL DOCUMENT**

***Achieving Excellence Together***

**PREP SHEET – ANNUAL REVIEW 2020**

**Teacher’s Name: \_\_\_\_\_\_ School: \_\_ Class Code:**

**PART I: TO BE COMPLETED BY IEP TEACHER: *STUDENT INFORMATION***

**Last Name: \_\_\_ \_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_**

**Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_ Ethnicity: (circle one) Hispanic or Non-Hispanic**

**Address: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_**

**City: \_ \_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip: \_\_ \_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian: \_\_\_\_\_\_\_ Relationship: \_\_\_\_\_**

**Home Phone #: Work #: \_\_\_\_\_\_\_ Cell #: \_\_\_\_\_**

**Parent has agreed to Remote Annual Review Meeting**: **YES**  **NO** **N/A Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMMITTEE MEMBERS: *PLEASE PROVIDE BOTH FIRST AND LAST NAMES***

**Chairperson: \_\_\_\_\_\_ Psychologist: \_\_\_\_\_**

**Special Educ. Teacher: \_\_\_\_\_\_ Parent: \_\_\_\_\_\_**

**Gen. Educ. Teacher: \_\_\_\_\_\_ Name/Title: \_\_\_\_\_\_**

**Name/Title: Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_**

**Special Alerts: (*please specify): \_\_\_\_\_\_\_\_\_\_\_***

**PART II: TO BE COMPLETED AT ANNUAL REVIEW MEETING**

**Annual Review Meeting Date: Sub-Committee Full Committee**

**Disability:** \_\_\_\_\_\_\_ **Expected Grade (NEXT school year):**

**Decision/Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diploma Type Expected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recommendation: Check appropriate box or boxes**

**PROGRAM RATIO**

**Consultant Teacher Direct or Indirect \_\_\_\_\_\_\_ (# days) \_\_\_\_\_\_\_\_\_(length of time) \_\_\_\_\_\_\_\_\_\_\_(subject)**

**Resource 5:1 (circle one) monolingual bilingual**

**Integrated Co-Teaching 12:1 (circle one) Math/ Reading (K-6) Math/English (7-8)**

**Special Class CS, ES, MS, CLDS, TIP, BL, IL, ISP, AU, RDTP) (Choose one) \_\_\_\_\_\_\_\_**

**APE \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ (# days) \_\_\_\_\_\_\_\_\_\_\_ (length of time)**

**Does the student currently have a BIP? Yes  No If yes please attach a copy of the document**

**BIP Progress note\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**RELATED SERVICES INDIVIDUAL/SMALL GROUP FREQUENCY DURATION\_\_\_**

**Speech (Mono or bilingual) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**OT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**PT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Counseling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**1:1 Aide**  **Feeding Aide**  **Toileting Aide**

**MEDICAID INFORMATION GIVEN TO PARENTS \_\_\_ Yes \_\_\_ No**

**Special Transportation:**  **No**  **Yes Need: (see instructions)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transportation Recommendation:**  **Van**  **Wheelchair Van**  **Van with Harness**

**PART III: TO BE COMPLETED BY IEP TEACHER/CHAIRPERSON**

**Please fill in the following information for a regular sub-committee Annual Review Meeting. Any new evaluations or reports should be listed below, as well as your evaluation of the student’s reading and math levels.**

**Report/Evaluation Date Evaluator Standard Score Percentile Grade Equivalent**

**Measure of Academic Progress (MAP) ELA : \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Measure of Academic Progress (MAP) Math : \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Formative / Standardized :**

**Assessments:**

1. **Grade Reading \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **G-Made Math \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART IV: TO BE COMPLETED BY IEP TEACHER**

**STATE AND LOCAL ASSESSMENTS:**  **all local and New York State assessments**  **New York State Alternate Assessment [NYSAA]**

**TESTING ACCOMMODATIONS**

**YES (accommodations must be selected from the options in IEP Direct and discussed at the Annual Review Meeting)**

**NO TESTING ACCOMMODATIONS**

**SECONDARY ONLY:** **Foreign Language required**  **Foreign Language exempt**

**PART V: TO BE COMPLETED BY IEP TEACHER**

**The student attends:**  **Yonkers Public Schools**

**Resident Parentally Placed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Private School) and the**

**expected grade is \_\_\_\_\_\_\_\_\_\_\_\_(502).**

**Non-resident Parentally Placed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Private School) within**

**Yonkers and the expected grade is \_\_\_\_\_\_\_\_\_\_\_\_\_ (503).**

**FOR STUDENTS IN SPECIAL CLASS ONLY:**

**If recommending MAINSTREAMING/GENERAL EDUCATION CLASS, please indicate subject area(s):**

**FREQUENCY (# of days ) DURATION (# of minutes)**

**Math \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**English \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ ­­**

**Reading \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Science \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Studies \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_**

**(specify class)**

**PART VI: TO BE COMPLETED BY CHAIRPERSON - Extended School Year**

**\_\_\_ Is student eligible for the Extended School Year Program [please attach enclosed form to student packet]**