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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]**