

OGDENSBURG CITY SCHOOL DISTRICT  
OGDENSBURG, NEW YORK

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SUBJECT: Board of Education Acceptance of Recommendations from the Committee on Special Education, Committee on Preschool Special Education and the 504 Committee for Meetings Held on June 21, 2016, September 16, 19, 21, 23, 29, 2016 and October 3, 4, 5, 12, 2016.

DATE: October 17, 2016

REASON FOR BOARD CONSIDERATION:

The Board of Education must review and accept all Committee on Special Education, Committee on Pre-School Special Education and the 504 Committee Recommendations for students in the Ogdensburg City School District.

FACTS AND ANALYSIS:

As is required, the Committee on Special Education, the Committee on Preschool Special Education and the 504 Committee for the Ogdensburg City School District have presented recommendations for placement of students to the Board of Education for acceptance.

RECOMMENDED ACTION:

Moved by \_\_\_\_\_ and supported by \_\_\_\_\_ that, having the recommendation of the Committee on Special Education, the Committee on Preschool Special Education and the 504 Committee, the Board of Education of the Ogdensburg City School District does hereby accept the recommendations as presented this 17<sup>th</sup> day of October, 2016.

APPROVED FOR PRESENTATION TO THE BOARD:

  
\_\_\_\_\_  
Superintendent

TMV/alf

**Board Action Sheet**  
**Meeting Date: 10/12/2016**  
**Ogdensburg City School District**

Printed: 10/13/2016 5:28

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
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|           |          |   |     |                         |                                |          |  |                                |
|-----------|----------|---|-----|-------------------------|--------------------------------|----------|--|--------------------------------|
| 000023124 | 05/18/04 | F | 006 | Intellectual Disability | Amendment with No Meeting Held | 10/12/16 |  | IEP Change: Remains Classified |
|-----------|----------|---|-----|-------------------------|--------------------------------|----------|--|--------------------------------|

Committee: CSE

|              | Primary Service | Start Date | Fut. End Date<br>End Date | Service Description         | Freq / Cycle<br>Minutes      | Delivery Recommendations     | School/<br>Location                     |
|--------------|-----------------|------------|---------------------------|-----------------------------|------------------------------|------------------------------|---|
| CURRENT YEAR | Yes             | 09/06/2016 | 05/09/2017                | Ratio 12:1:1                | 6/6 Day Cycle<br>305 Minutes | 12 students/1 teacher/1 aide | OFA Grades 7-8 (BL)<br>12:1:1 Classroom |
| CURRENT YEAR | No              | 09/06/2016 | 05/09/2017                | Adaptive Physical Education | 3/6 Day Cycle<br>40 Minutes  |                              | OFA Grades 7-8 (BL)<br>Gym/Pool         |

**Minutes:** Continue classification of Intellectual Disability

Fall 2016 Recommendation:  
 BOCES 12:1:1 classroom placement 6 times per cycle for 305 minutes  
 Adaptive Physical Education services 3 times per cycle for 40 minutes  
 Behavioral Consultant services 300 minutes per year  
 Special Transportation services

|           |          |   |     |                                       |                                |          |  |                                |
|-----------|----------|---|-----|---------------------------------------|--------------------------------|----------|--|--------------------------------|
| 000020027 | 03/10/02 | M | 008 | Visual Impairment Including Blindness | Amendment with No Meeting Held | 10/12/16 |  | IEP Change: Remains Classified |
|-----------|----------|---|-----|---------------------------------------|--------------------------------|----------|--|--------------------------------|

Committee: CSE

|              | Primary Service | Start Date | Fut. End Date<br>End Date | Service Description          | Freq / Cycle<br>Minutes      | Delivery Recommendations  | School/<br>Location                     |
|--------------|-----------------|------------|---------------------------|------------------------------|------------------------------|---|---|
| CURRENT YEAR | Yes             | 09/06/2016 | 03/29/2017                | Ratio 12:1:1                 | 6/6 Day Cycle<br>360 Minutes | 12 students/1 teacher/1 aide  | OFA Grades 7-8 (PS)<br>12:1:1 Classroom |
| CURRENT YEAR | No              | 09/06/2016 | 03/29/2017                | Teacher of Visually Impaired | 1/Weekly<br>180 Minutes      | Individual - Direct - Distribution of time/minutes to be determined by TVI provider | OFA Grades 7-8 (BL)<br>12:1:1 Classroom |
| CURRENT YEAR | No              | 09/06/2016 | 03/29/2017                | Adaptive Physical Education  | 3/6 Day Cycle<br>40 Minutes  |   | OFA Grades 7-8 (PS)<br>Gym/Pool         |

**Board Action Sheet**  
**Meeting Date: 10/12/2016**  
**Ogdensburg City School District**

Printed: 10/13/2016 5:28

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
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|              |            |            |   |                                  |  |  |                  |  |  |
|--------------|------------|------------|---|----------------------------------|--|--|------------------|--|--|
| CURRENT YEAR | 09/06/2016 | 03/29/2017 | Individual Supplementary School Personnel | 6 times per cycle<br>415 minutes | Beck requires individual supplementary school personnel to assist in all academic areas as well as assistance in walking throughout the school building. |  | 12:1:1 Classroom |  |  |
|--------------|------------|------------|---|----------------------------------|--|--|------------------|--|--|

**Minutes:** Continue classification of Visual Impairment Including Blindness

Fall 2016 Recommendation:  
 District 12:1:1 classroom placement 6 times per cycle for 360 minutes  
 Adaptive Physical Education services 3 times per cycle for 40 minutes  
 Assistive Technology services 300 minutes per year  
 Individual Direct Teacher of the Visually Impaired services 120 minutes per week  
 Individual Supplementary School Personnel services 6 times per cycle for 415 minutes  
 Individual Indirect Occupational Therapy Consult services 5 times per year for 30 minutes

|           |          |   |     |                         |                                |          |  |                                |
|-----------|----------|---|-----|-------------------------|--------------------------------|----------|--|--------------------------------|
| 000023062 | 04/12/04 | M | 007 | Other Health Impairment | Amendment with No Meeting Held | 10/12/16 |  | IEP Change: Remains Classified |
|-----------|----------|---|-----|-------------------------|--------------------------------|----------|--|--------------------------------|

Committee: CSE

| Primary Service  | Start Date | Fut. End Date | Service Description | Freq / Cycle Minutes         | Delivery Recommendations | School/ Location                                   |
|------------------|------------|---------------|---------------------|------------------------------|--------------------------|--|
| CURRENT YEAR Yes | 09/06/2016 | 06/06/2017    | Consultant Teacher  | 12/6 Day Cycle<br>40 Minutes | Direct - ELA & Math      | OFA Grades 7-8 (PS)<br>General Education Classroom |

**Minutes:** Continue classification of Other Health Impairment

Fall 2016 Recommendation:  
 Direct Consultant services 6 times per cycle for 40 minutes in the area of English

**Total Meetings: 3**

**Board Action Sheet**  
**Meeting Date: 10/05/2016**  
**Ogdensburg City School District**

Printed: 10/13/2016 9:10

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

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|-----------|----------|---|-----|---------------------------|------------|----------|--|--------------------------------|--|
| 000021264 | 04/20/03 | M | 008 | Section 504<br>Disability | 504 Review | 10/05/16 |  | Continue<br>Accommodation Plan |  |
|-----------|----------|---|-----|---------------------------|------------|----------|--|--------------------------------|--|

Committee : 504 Accommodation Plan Committee

|              | Primary<br>Service | Start Date | Fut. End Date<br>End Date | Service<br>Description | Freq / Cycle<br>Minutes     | Delivery<br>Recommendations | School/<br>Location                  |
|--------------|--------------------|------------|---------------------------|------------------------|-----------------------------|-----------------------------|--------------------------------------|
| CURRENT YEAR | No                 | 09/06/2016 | 06/23/2017                | Resource Room          | 6/6 Day Cycle<br>40 Minutes |                             | OFA Grades 7-8 (PS)<br>Resource Room |

**Minutes:** Continue classification of Section 504 Disability

Fall 2016 Recommendation:  
 Resource Room services 6 times per cycle for 40 minutes  
 Section 504 Accommodations 6 times per cycle for 415 minutes

**Total Meetings: 1**

**Board Action Sheet**  
**Meeting Date: 10/05/2016**  
**Ogdensburg City School District**

Printed: 10/13/2016 8:47

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
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|-----------|----------|---|-----|-------------------------|-------------------------|----------|--|--------------------------------|
| 000019272 | 04/21/00 | M | 010 | Other Health Impairment | Transfer Student/Intake | 10/05/16 |  | IEP Change: Remains Classified |
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Committee: Committee on Special Education

|                        |                   |                      |                            |                             |                                 |                         |
|------------------------|-------------------|----------------------|----------------------------|-----------------------------|---------------------------------|-------------------------|
| <b>Primary Service</b> | <b>Start Date</b> | <b>Fut. End Date</b> | <b>Service Description</b> | <b>Freq / Cycle Minutes</b> | <b>Delivery Recommendations</b> | <b>School/ Location</b> |
|------------------------|-------------------|----------------------|----------------------------|-----------------------------|---------------------------------|-------------------------|

**Minutes:** Continue classification of Other Health Impairment

Fall 2016 Recommendation (9/19/16-6/23/17):  
 BOCES 12:1:1 classroom placement 6 times per cycle for 360 minutes (Heuvelton)  
 Special Transportation services

|           |          |   |     |                     |               |          |  |                                |
|-----------|----------|---|-----|---------------------|---------------|----------|--|--------------------------------|
| 000018025 | 10/29/99 | M | 010 | Learning Disability | Annual Review | 10/05/16 |  | IEP Change: Remains Classified |
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Committee: Committee on Special Education

|                        |                   |                      |                            |                             |                                 |                         |
|------------------------|-------------------|----------------------|----------------------------|-----------------------------|---------------------------------|-------------------------|
| <b>Primary Service</b> | <b>Start Date</b> | <b>Fut. End Date</b> | <b>Service Description</b> | <b>Freq / Cycle Minutes</b> | <b>Delivery Recommendations</b> | <b>School/ Location</b> |
|------------------------|-------------------|----------------------|----------------------------|-----------------------------|---------------------------------|-------------------------|

**Minutes:** Continue classification of Learning Disability

Fall 2016 Recommendation:  
 Resource Room services 6 times per cycle for 40 minutes  
 Direct Consultant Teacher services 18 times per cycle for 40 minutes in the areas of English, mathematics and social studies  
 Direct Occupational Therapy Consultant services 150 minutes per year

|           |          |   |     |                         |                         |          |  |                                |
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| 000000010 | 01/15/09 | F | 002 | Intellectual Disability | Transfer Student/Intake | 10/05/16 |  | IEP Change: Remains Classified |
|-----------|----------|---|-----|-------------------------|-------------------------|----------|--|--------------------------------|

Committee: Committee on Special Education

|                        |                   |                      |                            |                             |                                 |                         |
|------------------------|-------------------|----------------------|----------------------------|-----------------------------|---------------------------------|-------------------------|
| <b>Primary Service</b> | <b>Start Date</b> | <b>Fut. End Date</b> | <b>Service Description</b> | <b>Freq / Cycle Minutes</b> | <b>Delivery Recommendations</b> | <b>School/ Location</b> |
|------------------------|-------------------|----------------------|----------------------------|-----------------------------|---------------------------------|-------------------------|

**Board Action Sheet**  
**Meeting Date: 10/05/2016**  
**Ogdensburg City School District**

Printed: 10/13/2016 8:47

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
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**Minutes:** Continue classification of Intellectual Disability

Fall 2016 Recommendation (10/3/16-6/23/17):  
 BOCES 6:1:1 ABA classroom placement 5 times per week for 360 minutes (Potsdam)  
 Adaptive Physical Education services 1 time per week for 60 minutes  
 Adaptive Physical Education services 2 times per week for 30 minutes  
 Individual Direct Occupational Therapy services 1 time per week for 30 minutes  
 Individual Physical Therapy services 2 times per week for 30 minutes  
 Individual Speech services 2 times per week for 30 minutes  
 Individual Supplementary School Personnel services 5 times per week for 360 minutes  
 Individual Indirect Speech Consultant services 1 time per week for 30 minutes  
 Individual Indirect Occupational Therapy Consultant services 1 time per week for 60 minutes  
 Behavioral Consultant services 1 time per week for 60 minutes  
 Special Transportation services

|           |          |   |     |                     |                         |          |                                |
|-----------|----------|---|-----|---------------------|-------------------------|----------|--------------------------------|
| 000024193 | 03/16/06 | M | 005 | Learning Disability | Transfer Student/Intake | 10/05/16 | IEP Change: Remains Classified |
|-----------|----------|---|-----|---------------------|-------------------------|----------|--------------------------------|

Committee : Committee on Special Education

| Primary Service | Start Date | Fut. End Date | Service Description | Freq / Cycle Minutes | Delivery Recommendations | School/ Location |
|-----------------|------------|---------------|---------------------|----------------------|--------------------------|------------------|
|-----------------|------------|---------------|---------------------|----------------------|--------------------------|------------------|

**Minutes:** Continue classification of Learning Disability

Fall 2016 Recommendation (10/3/16-6/23/17):  
 BOCES 8:1:1 classroom placement 6 times per cycle for 270 minutes  
 Group Counseling services 1 time per cycle for 30 minutes  
 Individual Counseling services 1 time per cycle for 30 minutes  
 Special Transportation services

**Total Meetings: 4**

**Board Action Sheet**  
**Meeting Date: 10/04/2016**  
**Ogdensburg City School District**

Printed: 10/04/2016 2:31

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

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|-----------|----------|---|-----|-------------------------|--------------------------------|----------|--|--------------------------------|--|
| 000019076 | 01/28/00 | M | 010 | Other Health Impairment | Amendment with No Meeting Held | 10/04/16 |  | IEP Change: Remains Classified |  |
|-----------|----------|---|-----|-------------------------|--------------------------------|----------|--|--------------------------------|--|

Committee : CSE

|              | Primary Service | Start Date | Fut. End Date | Service Description                   | Freq / Cycle Minutes            | Delivery Recommendations   | School/ Location                                    |
|--------------|-----------------|------------|---------------|---------------------------------------|---------------------------------|--|---|
| CURRENT YEAR | Yes             | 09/06/2016 | 05/09/2017    | Resource Room                         | 6/6 Day Cycle<br>40 Minutes     |  | OFA Grades 9-12 (PS)<br>Resource Room               |
| CURRENT YEAR | No              | 09/06/2016 | 05/09/2017    | Consultant Teacher                    | 18/6 Day Cycle<br>40 Minutes    | Direct - English, Mathematics and Social Studies   | OFA Grades 9-12 (PS)<br>General Education Classroom |
| CURRENT YEAR |                 | 09/06/2016 | 05/09/2017    | Shared Supplementary School Personnel | 6 times per cycle<br>40 minutes | Science - Help Broc stay focused and provide redirection;<br>Tasks/behavior will be monitored. | General Ed. & Special Ed. Classrooms                |

**Minutes:** Continue classification of Other Health Impairment

Fall 2016 Recommendation:

Resource Room services 6 times per cycle 40 minutes

Direct Consultant Teacher services 12 times per cycle for 40 minutes in the areas of English and mathematics

Shared Supplementary School Personnel services 6 times per cycle for 40 minutes in the area of science

**Total Meetings: 1**

**Board Action Sheet**  
**Meeting Date: 10/03/2016**  
**Ogdensburg City School District**

Printed: 10/03/2016 1:51

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |                    |                                |          |                                |
|-----------|----------|---|-----|--------------------|--------------------------------|----------|--------------------------------|
| 000023120 | 10/06/05 | M | 005 | Hearing Impairment | Amendment with No Meeting Held | 10/03/16 | IEP Change: Remains Classified |
|-----------|----------|---|-----|--------------------|--------------------------------|----------|--------------------------------|

Committee: CSE

|              | Primary Service | Start Date | Fut. End Date<br>End Date | Service Description                   | Freq / Cycle<br>Minutes                 | Delivery Recommendations  | School/ Location                            |
|--------------|-----------------|------------|---------------------------|---------------------------------------|---|---|---|
| CURRENT YEAR | Yes             | 09/06/2016 | 03/29/2017                | Hearing Impaired Resource Room        | 6/6 Day Cycle<br>30 Minutes             |   | Kennedy Elementary (PS)<br>Resource Room    |
| CURRENT YEAR | No              | 09/06/2016 | 03/29/2017                | Speech                                | 3/6 Day Cycle<br>30 Minutes             | Group   | Kennedy Elementary (PS)<br>Speech Classroom |
| CURRENT YEAR |                 | 09/06/2016 | 03/29/2017                | Shared Supplementary School Personnel | 6 times per cycle for ELA<br>40 minutes | Needed for frequent checks for understanding, provide testing modifications, provide reinforcement of vocabulary. | General Education Classroom                 |

**Minutes:** Continue classification of Hearing Impairment

Fall 2016 Recommendation:

Hearing Resource Room services 6 times per cycle for 30 minutes

Group Speech services 3 times per cycle for 30 minutes

Shared Supplementary School Personnel services 6 times per cycle for 40 minutes in the area of English

Individual Direct Audiological Consultant services 4 times per year for 30 minutes

|           |          |   |     |                    |                                |          |                                |
|-----------|----------|---|-----|--------------------|--------------------------------|----------|--------------------------------|
| 000025023 | 06/29/06 | F | 005 | Hearing Impairment | Amendment with No Meeting Held | 10/03/16 | IEP Change: Remains Classified |
|-----------|----------|---|-----|--------------------|--------------------------------|----------|--------------------------------|

Committee: CSE

|              | Primary Service | Start Date | Fut. End Date<br>End Date | Service Description            | Freq / Cycle<br>Minutes                      | Delivery Recommendations | School/ Location  |
|--------------|-----------------|------------|---------------------------|--------------------------------|--|--------------------------|---|
| CURRENT YEAR | Yes             | 09/06/2016 | 03/29/2017                | Hearing Impaired Resource Room | 6/Weekly<br>30 Minutes                       | Group                    | Kennedy Elementary (PS)<br>Hearing Impaired Resource Room       |
| CURRENT YEAR | No              | 09/06/2016 | 03/29/2017                | Audiological Services          | 4/For the 10 Month School Year<br>30 Minutes | Individual - Direct      | Kennedy Elementary (BL)<br>General Ed. & Special Ed. Classrooms |



**Board Action Sheet**  
**Meeting Date: 10/03/2016**  
**Ogdensburg City School District**

Printed: 10/03/2016 1:51

| ID           | DOB        | Gender     | Grd | Disability                            | Meeting                         | Mtg Date | Ref Date | Outcome                     | 12 Mth |
|--------------|------------|------------|-----|---------------------------------------|---------------------------------|----------|----------|-----------------------------|--------|
| CURRENT YEAR | 09/06/2016 | 03/29/2017 |     | Shared Supplementary School Personnel | 6 times per cycle<br>40 minutes | English  |          | General Education Classroom |        |

**Minutes:** Continue classification of Hearing Impairment

Fall 2016 Recommendation:

Hearing Impaired Resource Room services 6 times per cycle for 30 minutes

Individual Direct Audiological services 4 times per year for 30 minutes

Shared Supplementary School Personnel services 6 times per cycle for 40 minutes in the area of English

**Total Meetings: 2**

**Board Action Sheet**  
**Meeting Date: 10/03/2016**  
**Ogdensburg City School District**

Printed: 10/03/2016 1:28

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12/Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |   |                                   |          |  |                                   |   |
|-----------|----------|---|-----|---|-----------------------------------|----------|--|-----------------------------------|---|
| 000030104 | 06/01/12 | F | 014 | Preschool Student<br>with a Disability<br><i>Committee : CPSE</i> | Amendment with<br>No Meeting Held | 10/03/16 |  | IEP Change: Remains<br>Classified | X |
|-----------|----------|---|-----|---|-----------------------------------|----------|--|-----------------------------------|---|

| Primary<br>Service | Start Date | Fut End Date<br>End Date | Service<br>Description | Freq / Cycle<br>Minutes | Delivery<br>Recommendations | School/<br>Location |
|--------------------|------------|--------------------------|------------------------|-------------------------|-----------------------------|---------------------|
|--------------------|------------|--------------------------|------------------------|-------------------------|-----------------------------|---------------------|

**Minutes** Continue classification of Preschool Student with a Disability

Fall 2016 Recommendation:  
 Special Education Itinerant Teacher services 2 times per week for 60 minutes (school)  
 Individual Speech services 2 times per week for 30 minutes (home)

**Meeting Comments:** As School District Representative, I attest that the Board of Education approves the initiation of the services and/or programs(s) listed above.

School District Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Total Meetings: 1**

**Board Action Sheet**  
**Meeting Date: 09/29/2016**  
**Ogdensburg City School District**

Printed: 10/04/2016 2:14

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

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|-----------|----------|---|-----|----------------------------|----------------|----------|--|--------------------------------|---|
| 000027043 | 01/07/10 | M | 013 | Speech/Language Impairment | Program Review | 09/29/16 |  | IEP Change: Remains Classified | X |
|-----------|----------|---|-----|----------------------------|----------------|----------|--|--------------------------------|---|

Committee : Committee on Special Education

|              | Primary Service | Start Date | Fut. End Date | Service Description                             | Freq / Cycle Minutes            | Delivery Recommendations     | School/ Location                             |
|--------------|-----------------|------------|---------------|---|---------------------------------|------------------------------|--|
| CURRENT YEAR |                 | 07/07/2016 | 02/23/2016    | Individual Supplementary School Personnel - ESY | 4 times per week<br>150 minutes | Individual                   | General Education Classroom                  |
| CURRENT YEAR |                 | 07/07/2016 | 08/17/2016    | Individual Supplementary School Personnel - ESY | 4 times per week<br>150 minutes | Individual                   | General Education Classroom                  |
| CURRENT YEAR | Yes             | 09/06/2016 | 03/07/2017    | Ratio 12:1:1                                    | 6/6 Day Cycle<br>280 Minutes    | 12 students/1 teacher/1 aide | Kennedy Elementary (PS)<br>12:1:1 Classroom  |
| CURRENT YEAR | No              | 09/06/2016 | 03/07/2017    | Occupational Therapy                            | 1/6 Day Cycle<br>30 Minutes     | Group                        | Kennedy Elementary (PS)<br>Provider Location |
| CURRENT YEAR | No              | 09/06/2016 | 03/07/2017    | Speech  | 6/6 Day Cycle<br>30 Minutes     | Group                        | Kennedy Elementary (PS)<br>Speech Classroom  |

**Minutes:** Continue classification of Speech/Language Impairment

Fall 2016 Recommendation:  
District 6:1:1 classroom placement 6 times per cycle for 260 minutes  
Group Speech services 6 times per cycle for 30 minutes  
Group Occupational Therapy services 1 time per cycle for 30 minutes  
Special Transportation services

|           |          |   |     |                            |              |          |  |                                |
|-----------|----------|---|-----|----------------------------|--------------|----------|--|--------------------------------|
| 000025031 | 02/15/06 | F | 005 | Speech/Language Impairment | Reevaluation | 09/29/16 |  | IEP Change: Remains Classified |
|-----------|----------|---|-----|----------------------------|--------------|----------|--|--------------------------------|

Committee : Committee on Special Education

|              | Primary Service | Start Date | Fut. End Date | Service Description | Freq / Cycle Minutes         | Delivery Recommendations     | School/ Location                            |
|--------------|-----------------|------------|---------------|---------------------|------------------------------|------------------------------|---|
| CURRENT YEAR | Yes             | 09/06/2016 | 05/09/2017    | Ratio 12:1:1        | 6/6 Day Cycle<br>250 Minutes | 12 students/1 teacher/1 aide | Kennedy Elementary (PS)<br>12:1:1 Classroom |
| CURRENT YEAR | No              | 09/06/2016 | 05/09/2017    | Speech              | 3/6 Day Cycle<br>30 Minutes  | Group                        | Kennedy Elementary (PS)<br>Speech Classroom |

**Board Action Sheet**  
**Meeting Date: 09/29/2016**  
**Ogdensburg City School District**

Printed: 10/04/2016 2:14

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
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**Minutes:** Continue classification of Speech/Language Impairment

Fall 2016 Recommendation:  
District 12:1:1 classroom placement 6 times per cycle for 250 minutes  
Group Speech services 3 times per cycle for 30 minutes

|           |          |   |     |                         |              |          |                                |   |
|-----------|----------|---|-----|-------------------------|--------------|----------|--------------------------------|---|
| 000024027 | 12/12/06 | M | 004 | Intellectual Disability | Reevaluation | 09/29/16 | IEP Change: Remains Classified | X |
|-----------|----------|---|-----|-------------------------|--------------|----------|--------------------------------|---|

*Committee : Committee on Special Education*

|              | Primary Service | Start Date | Fut. End Date | Service Description         | Freq / Cycle Minutes         | Delivery Recommendations     | School/ Location                            |
|--------------|-----------------|------------|---------------|-----------------------------|------------------------------|------------------------------|---|
| CURRENT YEAR | Yes             | 09/06/2016 | 02/22/2017    | Ratio 12:1:1                | 6/6 Day Cycle<br>300 Minutes | 12 students/1 teacher/1 aide | Kennedy Elementary (BL)<br>12:1:1 Classroom |
| CURRENT YEAR | No              | 09/06/2016 | 02/22/2017    | Occupational Therapy        | 2/Weekly<br>30 Minutes       | Individual                   | Kennedy Elementary (BL)<br>Kennedy School   |
| CURRENT YEAR | No              | 09/06/2016 | 02/22/2017    | Speech                      | 3/Weekly<br>30 Minutes       | Group                        | Kennedy Elementary (BL)<br>Speech Classroom |
| CURRENT YEAR | No              | 09/06/2016 | 02/22/2017    | Adaptive Physical Education | 3/6 Day Cycle<br>30 Minutes  |                              | Kennedy Elementary (BL)<br>Gym/Pool         |

**Minutes:** Change classification to Intellectual Disability

Fall 2016 Recommendation:  
BOCES 12:1:1 classroom placement 6 times per cycle for 300 minutes  
Adaptive Physical Education services 3 times per cycle for 30 minutes  
Individual Occupational Therapy services 2 times per week for 30 minutes  
Group Speech services 3 times per week for 30 minutes  
Special Transportation services

**Board Action Sheet**  
**Meeting Date: 09/29/2016**  
**Ogdensburg City School District**

Printed: 10/04/2016 2:14

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12/Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

000019242      05/23/01      M      010      Declassified      Reevaluation      09/29/16      IEP Change:  
*Committee : Committee on Special Education*      Declassified

|              | Primary Service | Start Date | Fut. End Date<br>End Date | Service Description | Freq / Cycle<br>Minutes     | Delivery Recommendations | School/<br>Location                                 |
|--------------|-----------------|------------|---------------------------|---------------------|-----------------------------|--------------------------|---|
| CURRENT YEAR | Yes             | 09/06/2016 | 03/07/2017                | Resource Room       | 6/6 Day Cycle<br>40 Minutes |                          | OFA Grades 9-12 (PS)<br>Resource Room               |
| CURRENT YEAR | No              | 09/06/2016 | 03/07/2017                | Consultant Teacher  | 6/6 Day Cycle<br>40 Minutes | Direct - English         | OFA Grades 9-12 (PS)<br>General Education Classroom |

**Minutes:** Recommendation:  
Declassify

000019223      02/23/01      F      010      Speech/Language Impairment      Reevaluation      09/29/16      IEP Change: Remains  
*Committee : Committee on Special Education*      Classified

|              | Primary Service | Start Date | Fut. End Date<br>End Date | Service Description                   | Freq / Cycle<br>Minutes         | Delivery Recommendations   | School/<br>Location                                 |
|--------------|-----------------|------------|---------------------------|---------------------------------------|---------------------------------|--|---|
| CURRENT YEAR | Yes             | 09/06/2016 | 03/07/2017                | Resource Room                         | 6/6 Day Cycle<br>40 Minutes     |  | OFA Grades 9-12 (PS)<br>Resource Room               |
| CURRENT YEAR | No              | 09/06/2016 | 03/07/2017                | Consultant Teacher                    | 18/6 Day Cycle<br>40 Minutes    | Direct - English, Mathematics and Social Studies   | OFA Grades 9-12 (PS)<br>General Education Classroom |
| CURRENT YEAR |                 | 09/06/2016 | 03/07/2017                | Shared Supplementary School Personnel | 6 times per cycle<br>40 minutes | In the area of Science - Independent work periods throughout the school day. Organizational skills at the beginning and end of each day. Provide accommodations and modifications as deemed appropriate. Provide small group or individual practice of targeted skills as directed by the teacher. | General Education Classroom                         |

**Board Action Sheet**  
**Meeting Date: 09/29/2016**  
**Ogdensburg City School District**

Printed: 10/04/2016 2:14

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

**Minutes:** Continue classification of Speech/Language Impairment

Fall 2016 Recommendation:

Resource Room services 6 times per cycle for 40 minutes

Direct Consultant Teacher services 18 times per cycle for 40 minutes in the areas of English, mathematics and social studies

Shared Supplementary School Personnel services 6 times per cycle for 40 minutes in the area of science

|           |          |   |     |                         |                |          |                                |
|-----------|----------|---|-----|-------------------------|----------------|----------|--------------------------------|
| 000020174 | 07/28/02 | M | 008 | Other Health Impairment | Program Review | 09/29/16 | IEP Change: Remains Classified |
|-----------|----------|---|-----|-------------------------|----------------|----------|--------------------------------|

*Committee: Committee on Special Education*

|              | Primary Service | Start Date | Fut. End Date<br>End Date | Service<br>Description                    | Freq / Cycle<br>Minutes          | Delivery<br>Recommendations    | School/<br>Location                                |
|--------------|-----------------|------------|---------------------------|---|----------------------------------|--------------------------------|--|
| CURRENT YEAR | Yes             | 09/06/2016 | 03/29/2017                | Resource Room                             | 6/6 Day Cycle<br>40 Minutes      |                                | OFA Grades 7-8 (PS)<br>Resource Room               |
| CURRENT YEAR | No              | 09/06/2016 | 03/29/2017                | Consultant Teacher                        | 12/6 Day Cycle<br>40 Minutes     | Direct - English & Mathematics | OFA Grades 7-8 (PS)<br>General Education Classroom |
| CURRENT YEAR |                 | 09/06/2016 | 03/29/2017                | Individual Supplementary School Personnel | 6 times per cycle<br>415 minutes |                                | General Ed. & Special Ed. Classrooms               |

**Minutes:** Continue classification of Other Health Impairment

Fall 2016 Recommendation:

BOCES 6:1:2 Crossroads program placement 6 times per cycle for 360 minutes

Adaptive Physical Education services 3 times per week for 40 minutes

Individual Counseling services 1 time per week for 30 minutes

Group Counseling services 1 time per week for 30 minutes

Special Transportation services

**Board Action Sheet**  
**Meeting Date: 09/29/2016**  
**Ogdensburg City School District**

Printed: 10/04/2016 2:14

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |                     |                             |          |  |                                |
|-----------|----------|---|-----|---------------------|-----------------------------|----------|--|--------------------------------|
| 000021251 | 03/15/02 | M | 008 | Learning Disability | Manifestation Determination | 09/29/16 |  | IEP Change: Remains Classified |
|-----------|----------|---|-----|---------------------|-----------------------------|----------|--|--------------------------------|

Committee : Committee on Special Education

|              | Primary Service | Start Date | Fut. End Date | Service Description                   | Freq / Cycle Minutes             | Delivery Recommendations                 | School/ Location                                   |
|--------------|-----------------|------------|---------------|---------------------------------------|----------------------------------|--|--|
| CURRENT YEAR | Yes             | 09/06/2016 | 06/06/2017    | Resource Room                         | 6/6 Day Cycle<br>40 Minutes      |  | OFA Grades 7-8 (PS)<br>Resource Room               |
| CURRENT YEAR | No              | 09/06/2016 | 06/06/2017    | Consultant Teacher                    | 6/6 Day Cycle<br>40 Minutes      | Direct - English                         | OFA Grades 7-8 (PS)<br>General Education Classroom |
| CURRENT YEAR | No              | 09/06/2016 | 06/06/2017    | Counseling                            | 2/Monthly<br>30 Minutes          | Individual                               | OFA Grades 7-8 (PS)<br>Counselors Office           |
| CURRENT YEAR |                 | 09/06/2016 | 05/23/2016    | Shared Supplementary School Personnel | 12 times per cycle<br>40 minutes | In the areas of Science & Social Studies | General Education Classroom                        |
| CURRENT YEAR |                 | 09/06/2016 | 06/06/2017    | Shared Supplementary School Personnel | 12 times per cycle<br>40 minutes | In the areas of Science & Social Studies | General Education Classroom                        |

**Minutes:** Continue classification of Learning Disability

Fall 2016 Recommendation:  
Resource Room services 6 times per cycle for 40 minutes  
Direct Consultant Teacher services 6 times per cycle for 40 minutes in the area of English  
Individual Counseling services 2 times per month for 30 minutes  
Shared Supplementary School Personnel services 12 times per cycle for 40 minutes in the areas of science and social studies  
Special Transportation services

The student's behaviors are not a manifestation of his disability

**Board Action Sheet**  
**Meeting Date: 09/29/2016**  
**Ogdensburg City School District**

Printed: 10/04/2016 2:14

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |                     |              |          |  |                                |
|-----------|----------|---|-----|---------------------|--------------|----------|--|--------------------------------|
| 000020145 | 08/02/02 | M | 008 | Learning Disability | Reevaluation | 09/29/16 |  | IEP Change: Remains Classified |
|-----------|----------|---|-----|---------------------|--------------|----------|--|--------------------------------|

Committee : Committee on Special Education

|              | Primary Service | Start Date | Fut. End Date<br>End Date | Service Description         | Freq / Cycle<br>Minutes      | Delivery Recommendations     | School/ Location                        |
|--------------|-----------------|------------|---------------------------|-----------------------------|------------------------------|------------------------------|---|
| CURRENT YEAR | Yes             | 09/06/2016 | 03/07/2017                | Ratio 15:1:1                | 6/6 Day Cycle<br>200 Minutes | 15 students/1 teacher/1 aide | OFA Grades 7-8 (PS)<br>15:1:1 Classroom |
| CURRENT YEAR | No              | 09/06/2016 | 03/07/2017                | Adaptive Physical Education | 3/6 Day Cycle<br>40 Minutes  |                              | OFA Grades 9-12 (PS)<br>Gym/Pool        |

**Minutes:** Continue classification of Learning Disability

Fall 2016 Recommendation:  
 District 15:1:1 classroom placement 6 times per cycle for 200 minutes  
 Direct Consultant Teacher services 6 times per cycle for 40 minutes in the area of science  
 Adaptive Physical Education services 3 times per cycle for 40 minutes

|           |          |   |     |                     |              |          |  |                                |
|-----------|----------|---|-----|---------------------|--------------|----------|--|--------------------------------|
| 000020026 | 06/25/01 | M | 009 | Learning Disability | Reevaluation | 09/29/16 |  | IEP Change: Remains Classified |
|-----------|----------|---|-----|---------------------|--------------|----------|--|--------------------------------|

Committee : Committee on Special Education

|              | Primary Service | Start Date | Fut. End Date<br>End Date | Service Description                   | Freq / Cycle<br>Minutes         | Delivery Recommendations         | School/ Location                                    |
|--------------|-----------------|------------|---------------------------|---------------------------------------|---------------------------------|----------------------------------|---|
| CURRENT YEAR | Yes             | 09/06/2016 | 03/07/2017                | Resource Room                         | 6/6 Day Cycle<br>40 Minutes     |                                  | OFA Grades 9-12 (PS)<br>Resource Room               |
| CURRENT YEAR | No              | 09/06/2016 | 03/07/2017                | Consultant Teacher                    | 12/6 Day Cycle<br>40 Minutes    | Direct - English and Mathematics | OFA Grades 9-12 (PS)<br>General Education Classroom |
| CURRENT YEAR |                 | 09/06/2016 | 03/07/2017                | Shared Supplementary School Personnel | 6 times per cycle<br>40 minutes | In the area of Science           | General Education Classroom                         |

**Minutes:** Continue classification of Learning Disability

Fall 2016 Recommendation:  
 Resource Room services 6 times per cycle for 40 minutes



**Board Action Sheet**  
**Meeting Date: 09/29/2016**  
**Ogdensburg City School District**

Printed: 10/04/2016 2:14

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

Direct Consultant Teacher services 12 times per cycle for 40 minutes in the areas of English and mathematics  
Shared Supplementary School Personnel services 6 times per cycle for 40 minutes in the area of science  
Special Transportation services

**Total Meetings: 9**

**Board Action Sheet**  
**Meeting Date: 09/29/2016**  
**Ogdensburg City School District**

Printed: 09/29/2016 9:42

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |                         |                                |          |                                |   |
|-----------|----------|---|-----|-------------------------|--------------------------------|----------|--------------------------------|---|
| 000017194 | 06/29/00 | M | 010 | Intellectual Disability | Amendment with No Meeting Held | 09/29/16 | IEP Change: Remains Classified | X |
|-----------|----------|---|-----|-------------------------|--------------------------------|----------|--------------------------------|---|

Committee: CSE

|              | Primary Service | Start Date | Fut. End Date | Service Description         | Freq / Cycle Minutes      | Delivery Recommendations     | School/ Location                      |
|--------------|-----------------|------------|---------------|-----------------------------|---------------------------|------------------------------|---------------------------------------|
| CURRENT YEAR | Yes             | 09/06/2016 | 04/04/2017    | Ratio 12:1:1                | 6/6 Day Cycle 220 Minutes | 12 students/1 teacher/1 aide | OFA Grades 9-12 (BL) 12:1:1 Classroom |
| CURRENT YEAR | No              | 09/06/2016 | 04/04/2017    | Adaptive Physical Education | 3/6 Day Cycle 40 Minutes  |                              | OFA Grades 9-12 (PS) Gym/Pool         |
| CURRENT YEAR | No              | 09/06/2016 | 04/04/2017    | Speech                      | 2/Weekly 30 Minutes       | Group                        | OFA Grades 9-12 (BL) Speech Classroom |
| CURRENT YEAR | No              | 09/06/2016 | 04/04/2017    | Work Experience Program     | 6/6 Day Cycle 150 Minutes | BOCES Greenhouse             | OFA Grades 9-12 (BL) Northwest Tech   |

**Minutes:** Continue classification of Intellectual Disability

Fall 2016 Recommendation:  
 BOCES 12:1:1 classroom placement 6 times per cycle for 220 minutes  
 Vocational Education services 6 times per cycle for 207 in the CREATE program  
 Adaptive Physical Education services 3 times per cycle for 40 minutes  
 Indirect Consultant Speech services 1 time per month for 30 minutes  
 Special Transportation

|           |          |   |     |                         |                                |          |                                |
|-----------|----------|---|-----|-------------------------|--------------------------------|----------|--------------------------------|
| 000023260 | 07/27/04 | M | 006 | Other Health Impairment | Amendment with No Meeting Held | 09/29/16 | IEP Change: Remains Classified |
|-----------|----------|---|-----|-------------------------|--------------------------------|----------|--------------------------------|

Committee: CSE

|              | Primary Service | Start Date | Fut. End Date | Service Description            | Freq / Cycle Minutes     | Delivery Recommendations                   | School/ Location                                       |
|--------------|-----------------|------------|---------------|--------------------------------|--------------------------|--|--|
| CURRENT YEAR | Yes             | 09/06/2016 | 06/20/2017    | Ratio 12:1:1                   | 6/6 Day Cycle 90 Minutes | 12 students/1 teacher/1 aide - Mathematics | Kennedy Elementary (PS) 12:1:1 Classroom               |
| CURRENT YEAR | No              | 09/06/2016 | 06/20/2017    | Hearing Impaired Resource Room | 6/6 Day Cycle 40 Minutes |  | Kennedy Elementary (PS) Hearing Impaired Resource Room |

**Board Action Sheet**  
**Meeting Date: 09/29/2016**  
**Ogdensburg City School District**

Printed: 09/29/2016 9:42

| ID           | DOB | Gender     | Grd        | Disability         | Meeting                     | Mtg Date         | Ref Date | Outcome  | 12 Mth |
|--------------|-----|------------|------------|--------------------|-----------------------------|------------------|----------|--|--------|
| CURRENT YEAR | No  | 09/06/2016 | 06/20/2017 | Speech             | 3/6 Day Cycle<br>30 Minutes | Group            |          | Kennedy Elementary (PS)<br>Speech Classroom            |        |
| CURRENT YEAR | No  | 09/06/2016 | 06/20/2017 | Consultant Teacher | 6/6 Day Cycle<br>40 Minutes | Direct - English |          | Kennedy Elementary (PS)<br>General Education Classroom |        |

**Minutes:** Continue classification of Other Health Impairment

Fall 2016 Recommendation:

District 15:1:1 classroom placement 6 times per cycle for 90 minutes in the area of mathematics

Hearing Impaired Resource Room services 6 times per cycle for 40 minutes

Direct Consultant Teacher services 6 times per cycle for 40 minutes in the area of English

Group Speech services 3 times per cycle for 30 minutes

|           |          |   |     |                         |                                   |          |                                   |
|-----------|----------|---|-----|-------------------------|-----------------------------------|----------|-----------------------------------|
| 000027165 | 01/17/09 | F | 002 | Other Health Impairment | Amendment with<br>No Meeting Held | 09/29/16 | IEP Change: Remains<br>Classified |
|-----------|----------|---|-----|-------------------------|-----------------------------------|----------|-----------------------------------|

Committee: CSE

|              | Primary Service | Start Date | Fut. End Date<br>End Date | Service Description         | Freq / Cycle<br>Minutes     | Delivery<br>Recommendations | School/<br>Location                         |
|--------------|-----------------|------------|---------------------------|-----------------------------|-----------------------------|-----------------------------|---|
| CURRENT YEAR | Yes             | 09/06/2016 | 06/20/2017                | Physical Therapy            | 1/Weekly<br>30 Minutes      | Individual                  | Madill Elementary (PS)<br>Provider Location |
| CURRENT YEAR | No              | 09/06/2016 | 06/20/2017                | Occupational Therapy        | 1/6 Day Cycle<br>30 Minutes | Group                       | Madill Elementary (PS)<br>Provider Location |
| CURRENT YEAR | No              | 09/06/2016 | 06/20/2017                | Adaptive Physical Education | 3/6 Day Cycle<br>40 Minutes |                             | Madill Elementary (PS)<br>Gym/Pool          |

**Minutes:** Continue classification of Other Health Impairment

Fall 2016 Recommendation:

Adaptive Physical Education services 3 times per cycle for 40 minutes

Group Occupational Therapy services 1 time per cycle for 30 minutes

Individual Physical Therapy services 2 times per week for 30 minutes

**Board Action Sheet**  
**Meeting Date: 09/29/2016**  
**Ogdensburg City School District**

Printed: 09/29/2016 9:42

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Data | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |                         |                                |          |                                |
|-----------|----------|---|-----|-------------------------|--------------------------------|----------|--------------------------------|
| 000021060 | 04/24/04 | F | 006 | Intellectual Disability | Amendment with No Meeting Held | 09/29/16 | IEP Change: Remains Classified |
|-----------|----------|---|-----|-------------------------|--------------------------------|----------|--------------------------------|

Committee: CSE

|              | Primary Service | Start Date | Fut. End Date<br>End Date | Service Description | Freq / Cycle<br>Minutes      | Delivery Recommendations     | School/ Location                            |
|--------------|-----------------|------------|---------------------------|---------------------|------------------------------|------------------------------|---|
| CURRENT YEAR | Yes             | 09/06/2016 | 03/07/2017                | Ratio 12:1:1        | 6/6 Day Cycle<br>290 Minutes | 12 students/1 teacher/1 aide | Kennedy Elementary (PS)<br>12:1:1 Classroom |
| CURRENT YEAR | No              | 09/06/2016 | 03/07/2017                | Speech              | 3/6 Day Cycle<br>30 Minutes  | Group                        | Kennedy Elementary (PS)<br>Speech Classroom |

**Minutes:** Continue classification of Intellectual Disability

Fall 2016 Recommendation:  
District 15:1:1 classroom placement 6 times per cycle for 290 minutes  
Group Speech services 3 times per cycle for 30 minutes

**Total Meetings: 4**

**Board Action Sheet**  
**Meeting Date: 09/29/2016**  
**Ogdensburg City School District**

Printed: 09/29/2016 9:02

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |                           |                                  |          |  |                                |  |
|-----------|----------|---|-----|---------------------------|----------------------------------|----------|--|--------------------------------|--|
| 000023029 | 07/14/04 | F | 007 | Section 504<br>Disability | 504 Amendment<br>No Meeting Held | 09/29/16 |  | Continue<br>Accommodation Plan |  |
|-----------|----------|---|-----|---------------------------|----------------------------------|----------|--|--------------------------------|--|

Committee : 504 Accommodation Plan Committee

|              | Primary<br>Service | Start Date | Fut. End Date<br>End Date | Service<br>Description  | Freq / Cycle<br>Minutes     | Delivery<br>Recommendations | School/<br>Location                  |
|--------------|--------------------|------------|---------------------------|-------------------------|-----------------------------|-----------------------------|--------------------------------------|
| CURRENT YEAR | Yes                | 09/06/2016 | 06/23/2017                | Skilled Nursing Service | 6/6 Day Cycle<br>15 Minutes | Individual                  | OFA Grades 7-8 (PS)<br>Health Office |

**Minutes:** Continue classification of Section 504 Disability

Fall 2016 Recommendation:  
 Skilled Nursing services 6 times per cycle for 15 minutes  
 Section 504 Accommodations

**Total Meetings: 1**

**Board Action Sheet**  
**Meeting Date: 09/27/2016**  
**Ogdensburg City School District**

Printed: 09/29/2016 9:55

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |                     |                |          |  |                                |
|-----------|----------|---|-----|---------------------|----------------|----------|--|--------------------------------|
| 000021076 | 04/13/04 | F | 006 | Learning Disability | Program Review | 09/27/16 |  | IEP Change: Remains Classified |
|-----------|----------|---|-----|---------------------|----------------|----------|--|--------------------------------|

Committee : Committee on Special Education

|              | Primary Service | Start Date | Fut. End Date<br>End Date | Service Description                   | Freq / Cycle<br>Minutes          | Delivery Recommendations  | School/<br>Location                         |
|--------------|-----------------|------------|---------------------------|---------------------------------------|----------------------------------|---|---|
| CURRENT YEAR | Yes             | 09/06/2016 | 03/29/2017                | Resource Room                         | 6/6 Day Cycle<br>40 Minutes      |   | Kennedy Elementary (PS)<br>Resource Room    |
| CURRENT YEAR | No              | 09/06/2016 | 03/29/2017                | Speech                                | 3/6 Day Cycle<br>30 Minutes      | Group   | Kennedy Elementary (PS)<br>Speech Classroom |
| CURRENT YEAR |                 | 09/06/2016 | 03/29/2017                | Shared Supplementary School Personnel | 6 times per cycle<br>200 Minutes | 90 ELA, 90 Mathematics and 20 throughout the day for organization | General Education Classroom                 |

**Minutes:** Continue classification of Learning Disability

Fall 2016 Recommendation:  
 District 15:1:1 classroom placement 6 times per cycle for 40 minutes in the area of mathematics  
 Resource Room services 6 times per cycle for 40 minutes  
 Group Speech services 2 times per cycle for 30 minutes  
 Shared Supplementary School Personnel services 6 times per cycle for 110 minutes in the areas of English and organization

**Total Meetings: 1**

**Board Action Sheet**  
**Meeting Date: 09/23/2016**  
**Ogdensburg City School District**

Printed: 09/26/2016 9:46

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |                                     |                                |          |  |                                |   |
|-----------|----------|---|-----|-------------------------------------|--------------------------------|----------|--|--------------------------------|---|
| 000029053 | 07/17/12 | F | 014 | Preschool Student with a Disability | Amendment with No Meeting Held | 09/23/16 |  | IEP Change: Remains Classified | X |
|-----------|----------|---|-----|-------------------------------------|--------------------------------|----------|--|--------------------------------|---|

Committee : CPSE

|                | Primary Service | Start Date | Fut. End Date | Service Description         | Freq / Cycle Minutes   | Delivery Recommendations | School/ Location  |
|----------------|-----------------|------------|---------------|-----------------------------|------------------------|--------------------------|---|
| BEFORE MEETING | Yes             | 09/06/2016 | 06/20/2017    | Special Education Itinerant | 1/Weekly<br>60 Minutes | Direct                   | Home Base - Preschool<br>Home Setting<br>CHILDREN'S THERAPY NETWORK       |
| BEFORE MEETING | No              | 09/06/2016 | 06/20/2017    | Special Education Itinerant | 1/Weekly<br>60 Minutes | Direct                   | John F Kennedy Elementary<br>Kennedy School<br>CHILDREN'S THERAPY NETWORK |
| BEFORE MEETING | No              | 09/06/2016 | 06/20/2017    | Occupational Therapy        | 1/Weekly<br>30 Minutes | Individual               | Home Base - Preschool<br>Home Setting<br>COUNTY OF ST LAWRENCE            |
| BEFORE MEETING | No              | 09/06/2016 | 06/20/2017    | Occupational Therapy        | 1/Weekly<br>30 Minutes | Individual               | John F Kennedy Elementary<br>Kennedy School<br>COUNTY OF ST LAWRENCE      |

**Minutes:** Continue classification of Preschool Student with a Disability

Recommendation (9/23/16-6/8/17):

Special Education Itinerant Teacher services 1 time per week for 60 minutes (home)  
Special Education Itinerant Teacher services 1 time per week for 60 minutes (school)  
Individual Occupational Therapy services 2 times per week for 30 minutes (home)

**Meeting Comments:** As School District Representative, I attest that the Board of Education approved the initiation of the services and/or programs(s) listed at the Board Meeting noted above.

School District Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Board Action Sheet**  
**Meeting Date: 09/23/2016**  
**Ogdensburg City School District**

Printed: 09/26/2016 9:46

| ID | DOB | Gender | Grd | Disability | Meeting | Met Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |                                     |                                |          |                                |   |
|-----------|----------|---|-----|-------------------------------------|--------------------------------|----------|--------------------------------|---|
| 000029052 | 07/17/12 | F | 014 | Preschool Student with a Disability | Amendment with No Meeting Held | 09/23/16 | IEP Change: Remains Classified | X |
|-----------|----------|---|-----|-------------------------------------|--------------------------------|----------|--------------------------------|---|

Committee: CPSE

|                | Primary Service | Start Date | Fut. End Date | Service Description         | Freq / Cycle Minutes   | Delivery Recommendations              | School/ Location  |
|----------------|-----------------|------------|---------------|-----------------------------|------------------------|---------------------------------------|---|
| BEFORE MEETING | Yes             | 09/06/2016 | 06/20/2017    | Speech                      | 1/Weekly<br>30 Minutes | Individual                            | John F Kennedy Elementary<br>Kennedy School<br>COUNTY OF ST LAWRENCE      |
|                |                 |            |               |                             |                        | <b>Coordinating Service Provider:</b> |   |
| BEFORE MEETING | No              | 09/06/2016 | 06/20/2017    | Occupational Therapy        | 1/Weekly<br>30 Minutes | Individual                            | Home Base - Preschool<br>Home Setting<br>COUNTY OF ST LAWRENCE            |
|                |                 |            |               |                             |                        | <b>Coordinating Service Provider:</b> |   |
| BEFORE MEETING | No              | 09/06/2016 | 06/20/2017    | Occupational Therapy        | 1/Weekly<br>30 Minutes | Individual                            | John F Kennedy Elementary<br>Kennedy School<br>OGDENSBURG CITY SD         |
|                |                 |            |               |                             |                        | <b>Coordinating Service Provider:</b> |   |
| BEFORE MEETING | No              | 09/06/2016 | 06/20/2017    | Speech                      | 1/Weekly<br>30 Minutes | Individual                            | Home Base - Preschool<br>Home Setting<br>COUNTY OF ST LAWRENCE            |
|                |                 |            |               |                             |                        | <b>Coordinating Service Provider:</b> |   |
| BEFORE MEETING | No              | 09/06/2016 | 06/20/2017    | Special Education Itinerant | 1/Weekly<br>60 Minutes | Direct                                | John F Kennedy Elementary<br>Kennedy School<br>CHILDREN'S THERAPY NETWORK |
|                |                 |            |               |                             |                        | <b>Coordinating Service Provider:</b> |   |
| BEFORE MEETING | No              | 09/06/2016 | 06/20/2017    | Special Education Itinerant | 1/Weekly<br>60 Minutes | Direct                                | Home Base - Preschool<br>Home Setting<br>CHILDREN'S THERAPY NETWORK       |
|                |                 |            |               |                             |                        | <b>Coordinating Service Provider:</b> |   |

**Minutes:** Continue classification of Preschool Student with a Disability

Recommendation (9/23/16-6/8/17):  
 Special Education Itinerant Teacher services 1 time per week for 60 minutes (home)  
 Special Education Itinerant Teacher services 1 time per week for 60 minutes (school)  
 Individual Speech services 1 time per week for 30 minutes (home)  
 Individual Speech services 1 time per week for 30 minutes (school)  
 Individual Occupational Therapy services 2 times per week for 30 minutes (home)

**Meeting Comments:** As School District Representative, I attest that the Board of Education approved the initiation of the services and/or programs(s) listed at the Board Meeting noted above.



**Board Action Sheet**  
**Meeting Date: 09/23/2016**  
**Ogdensburg City School District**

Printed: 09/26/2016 9:46

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

School District Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

|           |          |   |     |                                     |                                |          |                                |   |
|-----------|----------|---|-----|-------------------------------------|--------------------------------|----------|--------------------------------|---|
| 000029051 | 07/17/12 | F | 014 | Preschool Student with a Disability | Amendment with No Meeting Held | 09/23/16 | IEP Change: Remains Classified | X |
|-----------|----------|---|-----|-------------------------------------|--------------------------------|----------|--------------------------------|---|

Committee: CPSE

|                | Primary Service | Start Date | Fut. End Date | Service Description         | Freq / Cycle Minutes   | Delivery Recommendations                         | School/ Location  |
|----------------|-----------------|------------|---------------|-----------------------------|------------------------|--|---|
| BEFORE MEETING | Yes             | 09/06/2016 | 06/20/2017    | Special Education Itinerant | 1/Weekly<br>60 Minutes | Direct   | Home Base - Preschool<br>Home Setting<br>CHILDREN'S THERAPY NETWORK       |
| BEFORE MEETING | No              | 09/06/2016 | 06/20/2017    | Occupational Therapy        | 1/Weekly<br>30 Minutes | Individual<br><br>Coordinating Service Provider: | John F Kennedy Elementary<br>Kennedy School<br>COUNTY OF ST LAWRENCE      |
| BEFORE MEETING | No              | 09/06/2016 | 06/20/2017    | Occupational Therapy        | 1/Weekly<br>30 Minutes | Individual<br><br>Coordinating Service Provider: | Home Base - Preschool<br>Home Setting<br>COUNTY OF ST LAWRENCE            |
| BEFORE MEETING | No              | 09/06/2016 | 06/20/2017    | Physical Therapy            | 1/Weekly<br>30 Minutes | Individual<br><br>Coordinating Service Provider: | Home Base - Preschool<br>Home Setting<br>CHILDREN'S THERAPY NETWORK       |
| BEFORE MEETING | No              | 09/06/2016 | 06/20/2017    | Physical Therapy            | 1/Weekly<br>30 Minutes | Individual<br><br>Coordinating Service Provider: | John F Kennedy Elementary<br>Kennedy School<br>CHILDREN'S THERAPY NETWORK |
| BEFORE MEETING | No              | 09/06/2016 | 06/20/2017    | Special Education Itinerant | 1/Weekly<br>60 Minutes | Direct<br><br>Coordinating Service Provider:     | John F Kennedy Elementary<br>Kennedy School<br>CHILDREN'S THERAPY NETWORK |

**Minutes:** Continue classification of Preschool Student with a Disability

Recommendation (9/23/16-6/8/17):  
 Special Education Itinerant Teacher services 1 time per week for 60 minutes (home)  
 Special Education Itinerant Teacher services 1 time per week for 60 minutes (school)  
 Individual Occupational Therapy services 2 times per week for 30 minutes (home)  
 Individual Physical Therapy services 1 time per week for 30 minutes (home)

**Board Action Sheet**  
**Meeting Date: 09/23/2016**  
**Ogdensburg City School District**

Printed: 09/26/2016 9:46

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

Individual Physical Therapy services 1 time per week for 30 minutes (school)

**Meeting Comments:** As School District Representative, I attest that the Board of Education approved the initiation of the services and/or programs(s) listed at the Board Meeting noted above.

School District Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Total Meetings: 3**

**Board Action Sheet**  
**Meeting Date: 09/23/2016**  
**Ogdensburg City School District**

Printed: 09/26/2016 9:46

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |                         |                                |          |                                |   |
|-----------|----------|---|-----|-------------------------|--------------------------------|----------|--------------------------------|---|
| 000018018 | 04/16/01 | M | 009 | Other Health Impairment | Amendment with No Meeting Held | 09/23/16 | IEP Change: Remains Classified | X |
|-----------|----------|---|-----|-------------------------|--------------------------------|----------|--------------------------------|---|

Committee: CSE

|              | Primary Service | Start Date | Fut. End Date | Service Description                       | Freq / Cycle Minutes                      | Delivery Recommendations                                  | School/ Location                      |
|--------------|-----------------|------------|---------------|---|---|---|---------------------------------------|
| CURRENT YEAR |                 | 02/02/2016 |               | Individual Supplementary School Personnel | daily across all subject areas            | Garrett needs additional assistance in all subject areas. | 15:1:1 Classroom                      |
| CURRENT YEAR | Yes             | 09/06/2016 | 02/01/2017    | Ratio 12:1:1                              | 6/6 Day Cycle 285 Minutes                 | 12 students/1 teacher/1 aide                              | OFA Grades 9-12 (PS) 12:1:1 Classroom |
| CURRENT YEAR | No              | 09/06/2016 | 02/01/2017    | Adaptive Physical Education               | 3/6 Day Cycle 40 Minutes                  |   | OFA Grades 7-8 (PS) Gym/Pool          |
| CURRENT YEAR | No              | 09/06/2016 | 02/01/2017    | Assistive Technology                      | 2/For the 10 Month School Year 60 Minutes | Individual  | OFA Grades 7-8 (BL) 15:1:1 Classroom  |
| CURRENT YEAR |                 | 09/06/2016 |               | Individual Supplementary School Personnel | 6 times per cycle 315 Minutes             | Throughout the school day                                 | 12:1:1 Classroom                      |

**Minutes:** Continue classification of Other Health Impairment

Fall 2016 Recommendation:  
District 12:1:1 classroom placement 6 times per cycle for 120 minutes  
Vocational Education services 6 times per cycle for 207 minutes in the CREATE program  
Adaptive Physical Education services 3 times per cycle for 40 minutes  
Assistive Technology services 2 times per year for 60 minutes  
Individual Supplementary School Personnel services 6 times per cycle for 315 minutes  
Special Transportation services

**Board Action Sheet**  
**Meeting Date: 09/23/2016**  
**Ogdensburg City School District**

Printed: 09/26/2016 9:46

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |                            |                                |          |                                |
|-----------|----------|---|-----|----------------------------|--------------------------------|----------|--------------------------------|
| 000027136 | 07/05/09 | M | 001 | Speech/Language Impairment | Amendment with No Meeting Held | 09/23/16 | IEP Change: Remains Classified |
|-----------|----------|---|-----|----------------------------|--------------------------------|----------|--------------------------------|

Committee: CSE

|              | Primary Service | Start Date | Fut. End Date<br>End Date | Service Description | Freq / Cycle<br>Minutes     | Delivery Recommendations | School/ Location                           |
|--------------|-----------------|------------|---------------------------|---------------------|-----------------------------|--------------------------|--|
| CURRENT YEAR | Yes             | 09/06/2016 | 05/18/2017                | Speech              | 6/6 Day Cycle<br>30 Minutes | Group                    | Madill Elementary (PS)<br>Speech Classroom |

**Minutes:** Continue classification of Speech/Language Impairment

Fall 2016 Recommendation:  
 Resource Room services 6 times per cycle for 40 minutes  
 Group Speech services 6 times per cycle for 30 minutes

**Total Meetings: 2**

**Board Action Sheet**  
**Meeting Date: 09/21/2016**  
**Ogdensburg City School District**

Printed: 09/22/2016 11:03

**Committee : Committee on Special Education**

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |        |                |          |                                |
|-----------|----------|---|-----|--------|----------------|----------|--------------------------------|
| 000017100 | 02/29/00 | M | 011 | Autism | Program Review | 09/21/16 | IEP Change: Remains Classified |
|-----------|----------|---|-----|--------|----------------|----------|--------------------------------|

|              | Primary Service | Start Date | Fut. End Date | Service Description                       | Freq / Cycle Minutes             | Delivery Recommendations   | School/ Location                                   |
|--------------|-----------------|------------|---------------|---|----------------------------------|--|--|
| CURRENT YEAR | Yes             | 09/06/2016 | 06/06/2017    | Ratio 12:1:1                              | 6/6 Day Cycle<br>88 Minutes      | 12 students/1 teacher/1 aide   | Heuvelton Central School (PN)<br>12:1:1 Classroom  |
| CURRENT YEAR | No              | 09/06/2016 | 06/06/2017    | Counseling                                | 1/6 Day Cycle<br>30 Minutes      | Individual   | Heuvelton Central School (PN)<br>Counselors Office |
| CURRENT YEAR | No              | 09/06/2016 | 06/06/2017    | Counseling                                | 1/6 Day Cycle<br>30 Minutes      | Group  | Heuvelton Central School (PN)<br>Counselors Office |
| CURRENT YEAR |                 | 09/06/2016 | 06/06/2017    | Individual Supplementary School Personnel | 6 times per cycle<br>415 minutes | Christopher will receive a 1:1 supplemental service provider to assist him in being successful within the classroom setting. | 12:1:1 Classroom                                   |

**Minutes:** Continue classification of Autism

Fall 2016 Recommendation (9/26/16-6/6/17):  
 BOCES 12:1:1 classroom placement 6 times per cycle for 180 minutes  
 BOCES Community Based Work Program 6 times per cycle for 180 minutes  
 Individual Counseling services 1 time per cycle for 30 minutes  
 Group Counseling services 1 time per cycle for 30 minutes  
 Individual Supplementary School Personnel services 6 times per cycle for 180 minutes  
 Individual Job Coach services 6 times per cycle for 180 minutes  
 Behavioral Consultant services 15 times per year for 60 minutes  
 Special Transportation services

**Total Meetings: 1**

**Board Action Sheet**  
**Meeting Date: 09/21/2016**  
**Ogdensburg City School District**

Printed: 09/22/2016 10:38

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |                                     |                |          |  |                                |  |
|-----------|----------|---|-----|-------------------------------------|----------------|----------|--|--------------------------------|--|
| 000030106 | 05/06/13 | M | 014 | Preschool Student with a Disability | Program Review | 09/21/16 |  | IEP Change: Remains Classified |  |
|-----------|----------|---|-----|-------------------------------------|----------------|----------|--|--------------------------------|--|

Committee: Committee on Preschool Special Education

|              | Primary Service | Start Date | Fut. End Date | Service Description  | Freq / Cycle Minutes    | Delivery Recommendations       | School/ Location                               |
|--------------|-----------------|------------|---------------|----------------------|-------------------------|--------------------------------|--|
| CURRENT YEAR | Yes             | 09/06/2016 | 03/18/2017    | Ratio 12:1:1         | 5/Weekly<br>150 Minutes | 12 students/1 teacher/1 aide   | John F Kennedy Elementary<br>12:1:1 Classroom  |
|              |                 |            |               |                      |                         | Coordinating Service Provider: | OGDENSBURG CITY SD                             |
| CURRENT YEAR | No              | 09/06/2016 | 03/18/2017    | Speech               | 2/Weekly<br>30 Minutes  | Individual                     | John F Kennedy Elementary<br>Speech Classroom  |
|              |                 |            |               |                      |                         | Coordinating Service Provider: | OGDENSBURG CITY SD                             |
| CURRENT YEAR | No              | 09/06/2016 | 03/18/2017    | Occupational Therapy | 2/Weekly<br>30 Minutes  | Individual                     | John F Kennedy Elementary<br>Provider Location |
|              |                 |            |               |                      |                         | Coordinating Service Provider: | NORTH COAST THERAPY                            |

**Minutes:** Continue classification of Preschool Student with a Disability

Recommendation (9/6/16 - 3/18/16):  
District 12:1:1 Integrated classroom 5 times per week for 150 minutes  
Individual Speech services 5 times per week for 30 minutes  
Individual Occupational Therapy services 2 times per week for 30 minutes

**Meeting Comments:** Increase speech services from 2 times per week to 5 times per week

**Total Meetings: 1**

**Board Action Sheet**  
**Meeting Date: 09/19/2016**  
**Ogdensburg City School District**

Printed: 09/21/2016 2:23

| ID             | DOB             | Gender     | Gnd           | Disability                  | Meeting                        | Mtg Date                     | Ref Date                                 | Outcome                        | 12 Mth |
|----------------|-----------------|------------|---------------|-----------------------------|--------------------------------|------------------------------|--|--------------------------------|--------|
| 000023108      | 04/01/05        | M          | 006           | Other Health Impairment     | Amendment with No Meeting Held | 09/19/16                     |  | IEP Change: Remains Classified |        |
| Committee: CSE |                 |            |               |                             |                                |                              |  |                                |        |
|                | Primary Service | Start Date | Fut. End Date | Service Description         | Freq / Cycle Minutes           | Delivery Recommendations     | School/ Location                         |                                |        |
| CURRENT YEAR   | Yes             | 09/06/2016 | 06/20/2017    | Ratio 12:1:1                | 6/6 Day Cycle 300 Minutes      | 12 students/1 teacher/1 aide | Kennedy Elementary (PS) 12:1:1 Classroom |                                |        |
| CURRENT YEAR   | No              | 09/06/2016 | 06/20/2017    | Adaptive Physical Education | 3/6 Day Cycle 40 Minutes       |                              | Kennedy Elementary (BL) Gym/Pool         |                                |        |
| CURRENT YEAR   | No              | 09/06/2016 | 06/20/2017    | Speech                      | 3/6 Day Cycle 30 Minutes       | Group                        | Kennedy Elementary (PS) Speech Classroom |                                |        |

**Minutes:** Continue classification of Other Health Impairment

Fall 2016 Recommendation:  
 District 15:1:1 classroom placement 6 times per cycle for 300 minutes  
 Adaptive Physical Education services 3 times per cycle for 40 minutes  
 Group Speech services 3 times per cycle for 30 minutes  
 Behavioral Consultant services 1200 minutes per year  
 Individual Occupational Therapy Consult services 150 minutes per year

**Total Meetings: 1**

**Board Action Sheet**  
**Meeting Date: 09/16/2016**  
**Ogdensburg City School District**

Printed: 09/23/2016 8:51

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |                         |                         |          |  |                                |
|-----------|----------|---|-----|-------------------------|-------------------------|----------|--|--------------------------------|
| 000077128 | 03/05/00 | M | 010 | Other Health Impairment | Transfer Student/Intake | 09/16/16 |  | IEP Change: Remains Classified |
|-----------|----------|---|-----|-------------------------|-------------------------|----------|--|--------------------------------|

Committee : Committee on Special Education

| Primary Service  | Start Date | Fut. End Date | End Date | Service Description | Freq / Cycle Minutes        | Delivery Recommendations | School/ Location                      |
|------------------|------------|---------------|----------|---------------------|-----------------------------|--------------------------|---------------------------------------|
| CURRENT YEAR Yes | 09/06/2016 | 06/23/2017    |          | Resource Room       | 6/6 Day Cycle<br>40 Minutes |                          | OFA Grades 9-12 (PS)<br>Resource Room |

**Minutes:** Continue classification of Other Health Impairment

Fall 2016 Recommendation:  
Resource Room services 6 times per cycle for 40 minutes

|           |          |   |     |                     |                         |          |  |                                |
|-----------|----------|---|-----|---------------------|-------------------------|----------|--|--------------------------------|
| 000077035 | 12/30/99 | F | 011 | Learning Disability | Transfer Student/Intake | 09/16/16 |  | IEP Change: Remains Classified |
|-----------|----------|---|-----|---------------------|-------------------------|----------|--|--------------------------------|

Committee : Committee on Special Education

| Primary Service  | Start Date | Fut. End Date | End Date | Service Description | Freq / Cycle Minutes        | Delivery Recommendations | School/ Location                      |
|------------------|------------|---------------|----------|---------------------|-----------------------------|--------------------------|---------------------------------------|
| CURRENT YEAR Yes | 09/06/2016 | 06/23/2017    |          | Resource Room       | 6/6 Day Cycle<br>40 Minutes |                          | OFA Grades 9-12 (PS)<br>Resource Room |

**Minutes:** Continue classification of Learning Disability

Fall 2016 Recommendation:  
Resource Room services 6 times per cycle for 40 minutes

|           |          |   |     |                     |                |          |  |                                |
|-----------|----------|---|-----|---------------------|----------------|----------|--|--------------------------------|
| 000018195 | 02/23/99 | M | 011 | Learning Disability | Program Review | 09/16/16 |  | IEP Change: Remains Classified |
|-----------|----------|---|-----|---------------------|----------------|----------|--|--------------------------------|

Committee : Committee on Special Education

| Primary Service | Start Date | Fut. End Date | End Date | Service Description | Freq / Cycle Minutes | Delivery Recommendations | School/ Location |
|-----------------|------------|---------------|----------|---------------------|----------------------|--------------------------|------------------|
|-----------------|------------|---------------|----------|---------------------|----------------------|--------------------------|------------------|



**Board Action Sheet**  
**Meeting Date: 09/16/2016**  
**Ogdensburg City School District**

Printed: 09/23/2016 8:51

| ID           | DOB | Gender     | Grrl       | Disability                  | Meeting                      | Mtg Date                    | Ref Date | Outcome   | 12 Mth |
|--------------|-----|------------|------------|-----------------------------|------------------------------|-----------------------------|----------|---|--------|
| CURRENT YEAR | Yes | 09/06/2016 | 06/20/2017 | Ratio 6:1:1                 | 6/6 Day Cycle<br>210 Minutes | 6 students/1 teacher/1 aide |          | Community Connections (BS)<br>6:1:1 Classroom                         |        |
| CURRENT YEAR | No  | 09/06/2016 | 06/20/2017 | Counseling                  | 1/Weekly<br>30 Minutes       | Individual                  |          | Community Connections (BS)<br>Special Education Classroom & Counselor |        |
| CURRENT YEAR | No  | 09/06/2016 | 06/20/2017 | Adaptive Physical Education | 2/Weekly<br>60 Minutes       |                             |          | Community Connections (BS)<br>Gym/Pool                                |        |
| CURRENT YEAR | No  | 09/06/2016 | 06/20/2017 | Counseling                  | 4/Weekly<br>20 Minutes       | Group                       |          | Community Connections (BS)<br>Special Education Classroom & Counselor |        |
| CURRENT YEAR | No  | 09/06/2016 | 06/20/2017 | Counseling                  | 1/Weekly<br>60 Minutes       | Group                       |          | Community Connections (BS)<br>Special Education Classroom & Counselor |        |

**Minutes:** Continue classification of Learning Disability

Fall 2016 Recommendation:  
 BOCES Community Connections program placement 6 times per cycle for 210 minutes  
 Adaptive Physical Education services 2 times per week for 60 minutes  
 Group Counseling services 4 times per week for 20 minutes  
 Group Counseling services 1 time per week for 60 minutes  
 Individual Counseling services 1 time per week for 30 minutes  
 Special Transportation services

000028113      07/26/10      M      013      Non-Disabled      New Referral      09/16/16      07/05/16      Not Eligible  
 Committee : Committee on Special Education

| Primary Service | Start Date | Fut. End Date | Service Description | Freq / Cycle Minutes | Delivery Recommendations | School/ Location |
|-----------------|------------|---------------|---------------------|----------------------|--------------------------|------------------|
|-----------------|------------|---------------|---------------------|----------------------|--------------------------|------------------|

**Minutes:** Recommendation: Ineligible

000025054      05/01/08      M      003      Speech/Language Impairment      Transfer Student/Intake      09/16/16      IEP Change: Remains Classified  
 Committee : Committee on Special Education

| Primary Service | Start Date | Fut. End Date | Service Description | Freq / Cycle Minutes | Delivery Recommendations | School/ Location |
|-----------------|------------|---------------|---------------------|----------------------|--------------------------|------------------|
|-----------------|------------|---------------|---------------------|----------------------|--------------------------|------------------|

**Board Action Sheet**  
**Meeting Date: 09/16/2016**  
**Ogdensburg City School District**

Printed: 09/23/2016 8:51

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

**Minutes:** Continue classification of Speech/Language Impairment

Fall 2016 Recommendation:

Resource Room services 6 times per cycle for 40 minutes

Direct Consultant Teacher services 6 times per cycle for 60 minutes in the area of English

Group Speech services 3 times per cycle for 30 minutes

|           |          |   |     |                         |                         |          |                                |
|-----------|----------|---|-----|-------------------------|-------------------------|----------|--------------------------------|
| 000023109 | 01/14/06 | M | 004 | Other Health Impairment | Transfer Student/Intake | 09/16/16 | IEP Change: Remains Classified |
|-----------|----------|---|-----|-------------------------|-------------------------|----------|--------------------------------|

*Committee : Committee on Special Education*

| Primary Service | Start Date | Fut. End Date | Service Description | Freq / Cycle Minutes | Delivery Recommendations | School/ Location |
|-----------------|------------|---------------|---------------------|----------------------|--------------------------|------------------|
|-----------------|------------|---------------|---------------------|----------------------|--------------------------|------------------|

**Minutes:** Continue classification of Other Health Impairment

Fall 2016 Recommendation:

Direct Consultant Speech services 2 times per cycle for 30 minutes

|           |          |   |     |                         |                |          |                                |
|-----------|----------|---|-----|-------------------------|----------------|----------|--------------------------------|
| 000023181 | 07/17/05 | M | 005 | Other Health Impairment | Program Review | 09/16/16 | IEP Change: Remains Classified |
|-----------|----------|---|-----|-------------------------|----------------|----------|--------------------------------|

*Committee : Committee on Special Education*

| Primary Service | Start Date | Fut. End Date | Service Description | Freq / Cycle Minutes | Delivery Recommendations     | School/ Location  |   |
|-----------------|------------|---------------|---------------------|----------------------|------------------------------|---|---|
| CURRENT YEAR    | Yes        | 09/06/2016    | 04/04/2017          | Ratio 15:1:1         | 6/6 Day Cycle<br>150 Minutes | 15 students/1 teacher/1 aide -<br>English & Mathematics | Kennedy Elementary (PS)<br>15:1:1 Classroom |

**Minutes:** Continue classification of Other Health Impairment

Fall 2016 Recommendation:

District 12:1:1 classroom placement 6 times per cycle for 150 minutes in the areas of English and mathematics

**Board Action Sheet**  
**Meeting Date: 09/16/2016**  
**Ogdensburg City School District**

Printed: 09/23/2016 8:51

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |                         |                         |          |  |                                |
|-----------|----------|---|-----|-------------------------|-------------------------|----------|--|--------------------------------|
| 000077089 | 08/19/05 | F | 005 | Other Health Impairment | Transfer Student/Intake | 09/16/16 |  | IEP Change: Remains Classified |
|-----------|----------|---|-----|-------------------------|-------------------------|----------|--|--------------------------------|

Committee : Committee on Special Education

|                        |                      |                    |  |                     |                        |  |                 |
|------------------------|----------------------|--------------------|--|---------------------|------------------------|--|-----------------|
| <b>Primary Service</b> | <b>Fut. End Date</b> | <b>Service</b>     |  | <b>Freq / Cycle</b> | <b>Delivery</b>        |  | <b>School/</b>  |
| <b>Start Date</b>      | <b>End Date</b>      | <b>Description</b> |  | <b>Minutes</b>      | <b>Recommendations</b> |  | <b>Location</b> |

**Minutes:** Continue classification of Other Health Impairment

Fall 2016 Recommendation:  
 Indirect Consultant Teacher services 2 times per cycle for 60 minutes

**Total Meetings: 8**

**Board Action Sheet**  
**Meeting Date: 09/16/2016**  
**Ogdensburg City School District**

Printed: 09/21/2016 12:42

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

000030105      03/26/13      M      014      Declassified  
*Committee : Committee on Preschool Special Education*

Program Review      09/16/16

IEP Change:  
Declassified

|              | Primary<br>Service | Start Date | Fut. End Date<br>End Date | Service<br>Description      |
|--------------|--------------------|------------|---------------------------|-----------------------------|
| CURRENT YEAR | Yes                | 09/06/2016 | 01/04/2017                | Special Education Itinerant |

| Freq / Cycle<br>Minutes |
|-------------------------|
| 2/Weekly<br>60 Minutes  |

| Delivery<br>Recommendations |
|-----------------------------|
| Direct                      |

| School/<br>Location |
|---------------------|
| Home Setting        |
| Home Setting        |

**Minutes:** Recommendation (9/6/16): Declassify

**Total Meetings: 1**

**Board Action Sheet**  
**Meeting Date: 09/16/2016**  
**Ogdensburg City School District**

Printed: 09/21/2016 12:25

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |              |                            |          |  |                                   |
|-----------|----------|---|-----|--------------|----------------------------|----------|--|-----------------------------------|
| 000077052 | 03/22/10 | M | 001 | Non-Disabled | Transfer<br>Student/Intake | 09/16/16 |  | Discontinue<br>Accommodation Plan |
|-----------|----------|---|-----|--------------|----------------------------|----------|--|-----------------------------------|

Committee : 504 Accommodation Plan Committee

|                |                   |                      |                    |  |                     |                        |                 |
|----------------|-------------------|----------------------|--------------------|--|---------------------|------------------------|-----------------|
| <b>Primary</b> |                   | <b>Fut. End Date</b> | <b>Service</b>     |  | <b>Freq / Cycle</b> | <b>Delivery</b>        | <b>School/</b>  |
| <b>Service</b> | <b>Start Date</b> | <b>End Date</b>      | <b>Description</b> |  | <b>Minutes</b>      | <b>Recommendations</b> | <b>Location</b> |

**Minutes:** Recommendation:  
Declassify

**Total Meetings: 1**

**REVISED**

**Board Action Sheet**  
**Meeting Date: 06/21/2016**  
**Ogdensburg City School District**

Printed: 09/21/2016 2:38

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

000027085 08/28/09 M 001 Autism Annual Review 06/21/16 IEP Change: Remains  
Committee : Kennedy CSE Sub-Committee Classified

|              | Primary Service | Start Date | Fut. End Date<br>End Date | Service Description                       | Freq / Cycle<br>Minutes          | Delivery Recommendations               | School/<br>Location                                    |
|--------------|-----------------|------------|---------------------------|---|----------------------------------|--|--|
| CURRENT YEAR | Yes             | 09/06/2016 | 06/23/2017                | Speech                                    | 6/6 Day Cycle<br>30 Minutes      | Individual                             | Kennedy Elementary (PS)<br>Speech Classroom            |
| CURRENT YEAR | No              | 09/06/2016 | 06/23/2017                | Counseling                                | 1/6 Day Cycle<br>30 Minutes      | Individual - Direct                    | Kennedy Elementary (PS)<br>General Education Classroom |
| CURRENT YEAR |                 | 09/06/2016 | 06/23/2017                | Individual Supplementary School Personnel | 6 times per cycle<br>390 minutes | all academic areas, specials and lunch | General Ed. & Special Ed. Classrooms                   |

**Minutes:** Continue classification of Autism

Fall 2016 Recommendation:

- \* Group Speech services 6 times per cycle for 30 minutes
- Individual Counseling services 1 time per cycle for 30 minutes
- Individual Supplementary School Personnel services 6 times per cycle for 390 minutes
- Behavioral Consultant services 600 minutes per year

**Total Meetings: 1**

**REVISED**

**Board Action Sheet**  
**Meeting Date: 06/21/2016**  
**Ogdensburg City School District**

Printed: 09/21/2016 3:16

| ID | DOB | Gender | Grd | Disability | Meeting | Mtg Date | Ref Date | Outcome | 12 Mth |
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|
|----|-----|--------|-----|------------|---------|----------|----------|---------|--------|

|           |          |   |     |                                     |               |          |  |                                |   |
|-----------|----------|---|-----|-------------------------------------|---------------|----------|--|--------------------------------|---|
| 000029061 | 10/22/12 | M | 014 | Preschool Student with a Disability | Annual Review | 06/21/16 |  | IEP Change: Remains Classified | X |
|-----------|----------|---|-----|-------------------------------------|---------------|----------|--|--------------------------------|---|

Committee: Committee on Preschool Special Education

|              | Primary Service | Start Date | Fut. End Date<br>End Date | Service Description         | Freq / Cycle<br>Minutes | Delivery<br>Recommendations | School/<br>Location   |
|--------------|-----------------|------------|---------------------------|-----------------------------|-------------------------|-----------------------------|---|
| CURRENT YEAR | Yes             | 09/06/2016 | 06/23/2017                | Special Education Itinerant | 2/Weekly<br>30 Minutes  | Direct                      | Home Base - Preschool<br>Home Setting<br>CHILDREN'S THERAPY NETWORK |
| CURRENT YEAR | No              | 09/06/2016 | 06/23/2017                | Speech                      | 2/Weekly<br>30 Minutes  | Individual                  | Home Base - Preschool<br>Home Setting<br>NORTH COAST THERAPY        |

Coordinating Service Provider:

Coordinating Service Provider:

**Minutes:** Continue classification of Preschool Student with a Disability

12 Month Extended Year Recommendation (7/7/16 - 8/17/16):  
Special Education Itinerant Teacher services 2 times per week for 60 minutes (home)

Fall 2016 Recommendation (9/6/16 - 6/23/16):  
Special Education Itinerant Teacher services 2 times per week for 60 minutes (home)  
Individual Speech services 2 times per week for 30 minutes (home)

**Meeting Comments:** As School District Representative, I attest that the Board of Education approves the initiation of the services and/or programs(s) listed above.

School District Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Total Meetings: 1**