Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/12/2024

| ID | DOB | Gender | Grade | Disability | 12Mth |
|---------------------------------------|------------|--------|-------|---|-------|
| 000078109 | 07/14/2018 | F | KJ | Speech/Language Impairment | |
| 06/12/2024 @ 08:30 am - Annual Review | | | | Outcome: IEP Change: Remains Classified | |

Committee: Kennedy CSE Sub-Committee

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location |
|---------------|---------------|--------------------------|--------------------|--------------------|-----------------------------|---|
| CURREN Yes | | 06/20/2024 | Consultant Teacher | 6/Weekly/30 | Direct - in the area of ELA | Kennedy Elementary (PS)/General Education Classroom |
| | 09/07/2023 | 06/20/2024 | Speech | 3/6 Day Cycle/30 | Group | Kennedy Elementary (PS)/Provider Location |

Minutes Continue classification of Speech/Language Impairment

Recommendation through June 2024:

Direct Consultant Teacher services 6 times per cycle for 30 minutes in the area of ELA

Group Speech services 3 times per cycle for 30 minutes

12 Month Extended Year Recommendation:

None

Fall 2024 Recommendation:

No changes

000078216 12/24/2019 F P Preschool Student with a Disability

06/12/2024 @ 12:45 pm - Annual Review

Committee: Committee on Preschool Special Education

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location Coordinating Service Provider |
|---------|---------------|--------------------------|-----------------------------|--------------------|-------------------------|---|
| CURREN | IT YEAR | | | | | |
| Yes | 09/07/2023 | 06/26/2024 | Special Education Itinerant | 2/Weekly/60 | Direct Individual | Home Base - Preschool/Home Setting NORTH COAST OT, PT AND SLP, PLLC |
| | 09/07/2023 | 06/24/2024 | Speech | 2/Weekly/30 | Individual | John F Kennedy Elementary/Provider Location COUNTY OF ST LAWRENCE |
| | 09/07/2023 | 06/26/2024 | Physical Therapy | 1/Weekly/30 | Individual | Home Base - Preschool/Home Setting NORTH COAST OT, PT AND SLP, PLLC |
| | 09/07/2023 | 06/26/2024 | Occupational Therapy | 2/Weekly/30 | Individual | Home Base - Preschool/Home Setting NORTH COAST OT, PT AND SLP, PLLC |

Outcome: IEP Change: Remains Classified

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Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/12/2024

ID DOB Gender Grade Disability 12Mth

Outcome: IEP Change: Remains Classified

Minutes Continue classification of Preschool Student with a Disability

Fall 2024 Recommendation (9/5/24-6/27/24):

Special Education Itinerant Teacher services 2 times per week for 60 minutes

Individual Speech services 2 times per week for 30 minutes

Individual Occupational Therapy services 2 times per week for 30 minutes

Individual Physical Therapy services 1 time per week for 30 minutes

1:1 Teaching Assistant 5 times per week for 390 minutes

000029046 02/20/2012 M 005 Intellectual Disability

06/12/2024 @ 01:30 pm - Annual Review

Committee: Kennedy CSE Sub-Committee

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location |
|---------|---------------|--------------------------|-----------------------------|--------------------|------------------------------|---|
| CURREN | T YEAR | | | | | |
| Yes | 09/07/2023 | 06/26/2024 | Ratio 12:1:1 | 6/6 Day Cycle/240 | 12 students/1 teacher/1 aide | Kennedy Elementary (PS)/Classroom |
| | 09/07/2023 | 06/26/2024 | Adaptive Physical Education | 3/6 Day Cycle/40 | | Kennedy Elementary (PS)/Separate Location |
| | 09/07/2023 | 06/26/2024 | Speech | 3/6 Day Cycle/30 | Individual | Kennedy Elementary (PS)/Provider Location |
| | 09/07/2023 | 06/26/2024 | Occupational Therapy | 1/Weekly/30 | Individual | Kennedy Elementary (BL)/Kennedy School |
| | 09/07/2023 | 06/26/2024 | Counseling | 1/6 Day Cycle/30 | Individual | Kennedy Elementary (PS)/Provider Location |
| | 09/07/2023 | 06/26/2024 | Speech | 3/6 Day Cycle/30 | Group | Kennedy Elementary (PS)/Provider Location |

Minutes Continue classification of Intellectual Disability

Recommendation through June 2024:

District 12:1:1 classroom placement 5 times per week for 240 minutes

Adaptive Physical Education consultant services 3 times per cycle for 40 minutes

Individual Speech services 3 times per cycle for 30 minutes

Group Speech services 3 times per cycle for 30 minutes

Individual Counseling services 1 time per cycle for 30 minutes

Individual Occupational Therapy services 1 time per week for 30 minutes

Shared Supplementary School Personnel services 6 times per cycle for 390 minutes

Behavioral Consultant services 600 minutes per year

Remove Indirect Adaptive Physical Education Consultant services 1 time per cycle for 40 minutes

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Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/12/2024

ID DOB Gender Grade Disability 12Mth

12 Month Extended Year Recommendation:

None

Fall 2024 Recommendation:

District 12:1:1 classroom placement 5 times per week for 300 minutes

Adaptive Physical Education consultant services 3 times per cycle for 40 minutes

Individual Speech services 1 time per cycle for 30 minutes

Individual Counseling services 2 times per month for 30 minutes

Shared Supplementary School Personnel services 6 times per cycle for 390 minutes

Behavioral Consultant services 300 minutes per year

000078000 04/21/2017 F K Speech/Language Impairment

06/12/2024 @ 02:15 pm - **Annual Review** Committee: Kennedy CSE Sub-Committee

Outcome: IEP Change: Remains Classified

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location |
|---------|---------------|--------------------------|---------|--------------------|-------------------------|---|
| CURREN | | | | | | |
| Yes | 09/07/2023 | 06/20/2024 | Speech | 3/6 Day Cycle/30 | Individual | Kennedy Elementary (PS)/Provider Location |
| | 09/07/2023 | 06/20/2024 | Speech | 3/6 Day Cycle/30 | Group | Kennedy Elementary (PS)/Provider Location |

Minutes Continue classification of Speech/Language Impairment

Recommendation through June 2024:

Individual Speech services 3 times per cycle for 30 minutes Group Speech services 3 times per cycle for 30 minutes

12 Month Extended Year Recommendation:

None

Fall 2024 Recommendation:

Group Speech services 3 times per cycle for 30 minutes

000024149 02/09/2007 F 011 Multiple Disabilities X

06/12/2024 - Amendment with No Meeting Held Outcome: IEP Change: Remains Classified

Committee: CSE

Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/12/2024

| | | ID | DOB | Gender | Grade | Disability | | 12Mth |
|---------|---------------|--------------------------|-----------------------------|--------|--------------------|------------------------------|--|-------|
| Primary | Start Date | Fut End Date End Date | Service | | Freq/Cycle/Minutes | Delivery Recommendation | School/Location | |
| CURREN | T YEAR | | | | | | | |
| Yes | 02/27/2024 | 06/26/2024 | Ratio 12:1:1 | | 6/6 Day Cycle/320 | 12 students/1 teacher/1 aide | OFA Grades 9-12 (PS)/12:1:1 Classroom | |
| | 02/27/2024 | 06/26/2024 | Counseling | | 1/Weekly/30 | Individual | OFA Grades 9-12 (PS)/Provider Location | |
| | 02/27/2024 | 06/26/2024 | Adaptive Physical Education | n | 3/6 Day Cycle/40 | | OFA Grades 9-12 (PS)/Gym/Pool | |

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Minutes Continue classification of Multiple Disabilities

12 Month Extended Year Recommendation:

District 12:1:1 classroom placement 5 times per week for 150 minutes

1:1 Teaching Assistant services 5 times per week for 150 minutes

Behavioral Consultant services 120 minutes for the summer

Special Transportation services

Fall 2024 Recommendation:

District 12:1:1 classroom placement 6 times per cycle for 320 minutes

Adaptive Physical Education services 3 times per cycle for 40 minutes

Individual Counseling services 1 time per week for 30 minutes

Shared Supplementary School Personnel services 6 times per cycle for 360 minutes

Behavioral Consultant services 600 minutes per year

Special Transportation services

Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/13/2024

IDDOBGenderGradeDisability12Mth00007814805/21/2019MPPreschool Student with a Disability

06/13/2024 @ 12:00 pm - Annual Review

Committee: Committee on Preschool Special Education

Outcome: Refer to Special Education

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location Coordinating Service Provider |
|---------|---------------|--------------------------|---------|--------------------|-------------------------|---|
| CURREN | IT YEAR | | | | | |
| Yes | 09/07/2023 | 06/26/2024 | Speech | 1/Weekly/30 | Group | John F Kennedy Elementary/Provider Location COUNTY OF ST LAWRENCE |
| | 09/07/2023 | 06/26/2024 | Speech | 1/Weekly/30 | Individual | John F Kennedy Elementary/Provider Location COUNTY OF ST LAWRENCE |

Minutes Continue classification of Preschool Student with a Disability

Recommendation through June 2024:

Individual Speech services 1 time per week for 30 minutes Group Speech services 1 time per week for 30 minutes

Refer to the Committee on Special Education

000078148 05/21/2019 M P Preschool Student with a Disability

As of 09/01/24:

Speech/Language Impairment

Outcome: IEP Change: Remains Classified

06/13/2024 @ 12:15 pm - Program Review

Committee: Committee on Special Education

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location Coordinating Service Provider |
|---------------|---------------|--------------------------|---------|--------------------|-------------------------|---|
| CURREN Yes | | 06/26/2024 | Speech | 1/Weekly/30 | Group | John F Kennedy Elementary/Provider Location COUNTY OF ST LAWRENCE |
| | 09/07/2023 | 06/26/2024 | Speech | 1/Weekly/30 | Individual | John F Kennedy Elementary/Provider Location COUNTY OF ST LAWRENCE |

Minutes Eligible for classification of Speech/Language Impairment

Fall 2024 Recommendation:

Group Speech services 2 times per cycle for 30 minutes

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Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/13/2024

| ID | DOB | Gender | Grade | Disability | 12Mth |
|---------------------------------------|------------|--------|-------|-------------------------------------|-------|
| 000078147 | 05/21/2019 | M | Р | Preschool Student with a Disability | |
| 06/13/2024 @ 12:30 pm - Annual Review | | | | Outcome: Refer to Special Education | |

Committee: Committee on Preschool Special Education

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location Coordinating Service Provider |
|---------|---------------|--------------------------|---------|--------------------|-------------------------|---|
| CURREN | IT YEAR | | | | | |
| Yes | 09/07/2023 | 06/26/2024 | Speech | 1/Weekly/30 | Group | John F Kennedy Elementary/Provider Location COUNTY OF ST LAWRENCE |
| | 09/07/2023 | 06/26/2024 | Speech | 1/Weekly/30 | Individual | John F Kennedy Elementary/Provider Location COUNTY OF ST LAWRENCE |

Minutes Continue classification of Preschool Student with a Disability

Recommendation through June 2024:

Individual Speech services 1 time per week for 30 minutes Group Speech services 1 time per week for 30 minutes

Refer to the Committee on Special Education

000078147 05/21/2019 M P Preschool Student with a Disability |

As of 09/01/24:

Speech/Language Impairment

06/13/2024 @ 12:45 pm - Program Review Outcome: IEP Change: Remains Classified

Committee: Committee on Special Education

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location Coordinating Service Provider |
|---------------|---------------|--------------------------|---------|--------------------|-------------------------|--|
| CURREN Yes | | 06/26/2024 | Speech | 1/Weekly/30 | Group | John F Kennedy Elementary/Provider Location |
| | 09/07/2023 | 06/26/2024 | Speech | 1/Weekly/30 | Individual | COUNTY OF ST LAWRENCE John F Kennedy Elementary/Provider Location COUNTY OF ST LAWRENCE |

Minutes Eligible for classification of Speech/Language Impairment

Fall 2024 Recommendation:

Group Speech services 2 times per cycle for 30 minutes

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Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/13/2024

| | | ID | | DOB | Gender | Grade | Disability | | 12Mth | |
|---------|---------------|--|---------|--------------------------------------|--------|-------------------------------------|---|---|-------|--|
| | | 00007 | 8405 | 09/12/2019 | M | Р | Preschool Student with a Disable | ility | X | |
| | | m - Annual Re e on <i>Preschoo</i> l | | Education | | Outcome: Refer to Special Education | | | | |
| Primary | Start Date | Fut End Date End Date | Service |) | | Freq/Cycle/Minutes | Delivery Recommendation | School/Location Coordinating Service Provider | | |
| CURREN | | | | | | | | | | |
| Yes | 02/27/2024 | 06/26/2024 | Speech | | | 2/Weekly/30 | Individual | John F Kennedy Elementary/Provider Location COUNTY OF ST LAWRENCE | on | |
| | | · | | ices 2 times per e on Special Edi | | | | | | |
| | | 00007 | 8405 | 09/12/2019 | M | Р | Preschool Student with a Disable As of 09/01/24: | ility | | |
| | | om - Program e on Special Ed | | , | | | Speech/Language Impairment Outcome: IEP Change: F | Remains Classified | | |
| Primary | Start Date | Fut End Date End Date | Service |) | | Freq/Cycle/Minutes | Delivery Recommendation | School/Location Coordinating Service Provider | | |

Minutes Eligible for classification of Speech/Language Impairment

Speech

Fall 2024 Recommendation:

Group Speech services 3 times per cycle for 30 minutes Direct Social Worker services 1 time per week for 15 minutes

Special Transportation services

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CURRENT YEAR

02/27/2024 06/26/2024

Yes

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2/Weekly/30

Individual

John F Kennedy Elementary/Provider Location COUNTY OF ST LAWRENCE

Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/13/2024

IDDOBGenderGradeDisability12Mth00007817808/26/2019FPPreschool Student with a Disability

06/13/2024 @ 2:15 pm - Annual Review

Committee: Committee on Preschool Special Education

Outcome: Refer to Special Education

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location Coordinating Service Provider |
|---------------|---------------|--------------------------|---------|--------------------|-------------------------|---|
| CURREN Yes | | 06/26/2024 | Speech | 1/Weekly/30 | Group | John F Kennedy Elementary/Provider Location COUNTY OF ST LAWRENCE |
| | 09/07/2023 | 06/26/2024 | Speech | 2/Weekly/30 | Individual | John F Kennedy Elementary/Provider Location COUNTY OF ST LAWRENCE |

Minutes Continue classification of Preschool Student with a Disability

Recommendation through June 2024:

Individual Speech services 3 times per week for 30 minutes

Refer to the Committee on Special Education

000078178 08/26/2019 F P Preschool Student with a Disability |

As of 09/01/24:

Speech/Language Impairment

06/13/2024 @ 02:30 pm - **Program Review**Committee: Committee on Special Education

Outcome: IEP Change: Remains Classified

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location Coordinating Service Provider |
|----------------------|---------------|--------------------------|---------|--------------------|-------------------------|---|
| CURREN Yes | | 06/26/2024 | Speech | 1/Weekly/30 | Group | John F Kennedy Elementary/Provider Location COUNTY OF ST LAWRENCE |
| | 09/07/2023 | 06/26/2024 | Speech | 2/Weekly/30 | Individual | John F Kennedy Elementary/Provider Location COUNTY OF ST LAWRENCE |

Minutes Eligible for classification of Speech/Language Impairment

Fall 2024 Recommendation:

Group Speech services 3 times per cycle for 30 minutes

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Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/14/2024

| ID | DOB | Gender | Grade | Disability | 12Mth |
|-----------|------------|--------|-------|----------------------|-------|
| 000078023 | 09/03/2016 | M | 001 | Emotional Disability | |

06/14/2024 @ 8:30 am - Program Review

Committee: Kennedy CSE Sub-Committee

Outcome: IEP Change: Remains Classified

Outcome: IEP Change: Remains Classified

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location |
|---------|---------------|--------------------------|-------------|--------------------|-----------------------------|---|
| CURREN | IT YEAR | | | | | |
| Yes | 04/23/2024 | 06/26/2024 | Speech | 2/6 Day Cycle/30 | Individual | Kennedy Elementary (PS)/Provider Location |
| - | 04/23/2024 | 06/26/2024 | Counseling | 1/Weekly/30 | Individual | Kennedy Elementary (PS)/Provider Location |
| | 04/23/2024 | 06/26/2024 | Ratio 6:1:1 | 6/6 Day Cycle/390 | 6 students/1 teacher/1 aide | Kennedy Elementary (PS)/6:1:1 Classroom |

Minutes Continue classification of Emotional Disability

Recommendation through June 2024:

District 6:1:1 classroom placement 6 times per cycle for 390 minutes

Individual Speech services 2 times per cycle for 30 minutes

Individual Counseling services 1 time per week for 30 minutes

Shared Supplementary School Personnel services 6 times per cycle for 390 minutes

Indirect Social Worker services 1 time per month for 30 minutes

Behavioral Consultant services 1200 minutes per year

12 Month Extended Year Recommendation:

None

Fall 2024 Recommendation:

BOCES 8:1:1 classroom placement 5 times per week for 390 minutes

Adaptive Physical Education 3 times per week for 40 minutes

Individual Speech services 2 times per week for 30 minutes

Individual Counseling services 1 time per week for 30 minutes

Group Counseling services 1 time per week for 30 minutes

Direct Social Worker services 1 time per month for 30 minutes

1:1 Teaching Assistant 5 times per week for 390 minutes

Behavioral Consultant services 1200 minutes per year

000078497 04/26/2010 M 007 Autism

06/14/2024 @ 10:00 am - Transfer Student/Intake

Committee: OFA Grades 7-8 Subcommittee

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Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/14/2024

| | ID | DOB | Gender | Grade | Disability | 12Mth |
|----------------|---|--------------------------------------|----------------------|-------|------------|-------|
| <u>Minutes</u> | Continue classificat | tion of Autism | | | | |
| | Recommendation to District 12:1:1 class Adaptive Physical E Special Transportation | sroom placement Education service | 6 times per cycle fo | | | |
| | 12 Month Extended None | d Year Recommer | ndation: | | | |
| | Fall 2024 Recommo | endation: | | | | |

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Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/17/2024

| ID | DOB | Gender | Grade | Disability | 12Mth |
|-----------|------------|--------|-------|------------|-------|
| 000078237 | 10/07/2017 | F | 001 | Autism | |

Freq/Cycle/M

6/6 Day Cycle/240

3/6 Day Cycle/30

06/17/2024 - Amendment with No Meeting Held

End Date

02/27/2024 06/26/2024

02/27/2024 06/26/2024

Committee: CSE

CURRENT YEAR

Start

Date

Primary

Yes

| /linutes | Delivery Recommendation | School/Location School/Location |
|----------|-------------------------|---------------------------------|
| | | |

Madill Elementary (PS)/6:1:1 Classroom

Madill Elementary (PS)/Provider Location

Outcome: IEP Change: Remains Classified

6 students/1 teacher/1 aide

Individual

Minutes Continue classification of Autism

Fut End Date Service

Recommendation through June 2024:

Ratio 6:1:1

Speech

District 6:1:1 ABA classroom placement 6 times per cycle for 240 minutes

Individual Speech services 3 times per cycle for 30 minutes

1:1 Teaching Assistant 6 times per cycle for 360 minutes

Individual Indirect Group Speech Consult services 1 time per cycle for 30 minutes

Behavioral Consultant services 600 minutes per year

12 Month Extended Year Recommendation:

District ABA classroom placement 5 times per week for 150 minutes Individual Speech services 1 time per week for 30 minutes Group Speech services 1 time per week for 30 minutes

Fall 2024 Recommendation:

No changes

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Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/18/2024

 ID
 DOB
 Gender
 Grade
 Disability
 12Mth

 000029087
 11/22/2011
 M
 006
 Section 504 Disability

06/18/2024 @ 08:15 am - 504 Review

Committee: 504 Subcommittee

Outcome: Continue Accommodation Plan

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes Delivery Recommendation | School/Location |
|---------|---------------|--------------------------|--------------------|--|--|
| CURREN | T YEAR | | | | |
| Yes | 04/23/2024 | 06/26/2024 | 504 Accommodations | 6/6 Day Cycle/390 | Madill Elementary (PS)/Provider Location |

Minutes Continue classification of Section 504 Disability

Fall 2024 Recommendation:

Section 504 Accommodations 6 times per cycle for 415 minutes

000077126 01/14/2011 F 006 Other Health Impairment

06/18/2024 @ 09:15 am - Reevaluation/Annual

Committee: Committee on Special Education

Outcome: IEP Change: Remains Classified

Outcome: IEP Change: Remains Classified

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location |
|---------|---------------|--------------------------|--------------------|--------------------|-------------------------|--|
| CURREN | IT YEAR | | | | | |
| Yes | 04/23/2024 | 06/26/2024 | Resource Room | 6/6 Day Cycle/40 | | Madill Elementary (PS)/Resource Room |
| | 04/23/2024 | 06/26/2024 | Consultant Teacher | 6/6 Day Cycle/30 | Direct - Mathematics | Madill Elementary (PS)/General Education Classroom |
| | 04/23/2024 | 06/26/2024 | Speech | 3/6 Day Cycle/30 | Group | Madill Elementary (PS)/Provider Location |

Minutes Continue classification of Other Health Impairment

Fall 2024 Recommendation:

Resource Room services 6 times per cycle for 40 minutes

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

Counseling referral

000078495 02/20/2010 M 007 Learning Disability

06/18/2024 @ 10:30 am - Reevaluation/Annual

Committee: Committee on Special Education

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Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/18/2024

| | | ID | DOB | Gender | Grade | Disability | 12Mth |
|---------|---------------|--------------------------|--------------------|--------|--------------------|--|---|
| Primary | Start Date | Fut End Date End Date | Service | | Freq/Cycle/Minutes | Delivery Recommendation | School/Location |
| CURREN | T YEAR | | | | | | |
| Yes | 04/10/2024 | 06/26/2024 | Resource Room | | 6/6 Day Cycle/40 | | OFA Grades 7-8 (PS)/Resource Room |
| | 04/10/2024 | 06/26/2024 | Consultant Teacher | | 12/6 Day Cycle/40 | Direct - in the areas of English and mathematics | OFA Grades 7-8 (PS)/General Education Classroom |

Continue classification of Learning Disability Minutes

Fall 2024 Recommendation:

District 15:1 classroom placement 6 times per cycle for 160 minutes

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

12/16/2020 Preschool Student with a Disability 000078455

06/18/2024 @ 12:45 pm - Annual Review

Commi

| 7.2-2-1 © 12.10 p.m. 7.11111441111011 | |
|--|--|
| mittee: Committee on Preschool Special Education | |
| | |

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location Coordinating Service Provider |
|---------|---------------|--------------------------|-----------------------------|--------------------|-------------------------|---|
| CURREN | IT YEAR | | | | | |
| Yes | 12/19/2023 | 06/26/2024 | Special Education Itinerant | 2/Weekly/60 | Direct Group | Home Base - Preschool/Home Setting NORTH COAST OT, PT AND SLP, PLLC |
| | 12/19/2023 | 06/26/2024 | Speech | 2/Weekly/30 | Individual | Home Base - Preschool/Home Setting COUNTY OF ST LAWRENCE |
| | 12/19/2023 | 06/26/2024 | Occupational Therapy | 2/Weekly/30 | Individual | Home Base - Preschool/Home Setting NORTH COAST OT, PT AND SLP, PLLC |
| | 12/19/2023 | 06/26/2024 | Physical Therapy | 2/Weekly/30 | Individual | Home Base - Preschool/Home Setting NORTH COAST OT, PT AND SLP, PLLC |

Outcome: IEP Change: Remains Classified

Minutes Continue classification of Preschool Student with a Disability

12 Month Extended Year Recommendation:

Special Education Itinerant Teacher services 2 times per week for 60 minutes

Individual Speech services 2 times per week for 30 minutes

Individual Occupational Therapy services 2 times per week for 30 minutes

Individual Physical Therapy services 1 time per week for 30 minutes

Fall 2024 Recommendation:

Special Education Itinerant Teacher services 2 times per week for 60 minutes

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Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/18/2024

DOB Gender Grade Disability 12Mth Individual Speech services 2 times per week for 30 minutes Individual Occupational Therapy services 2 times per week for 30 minutes Individual Physical Therapy services 1 time per week for 30 minutes

> 11/25/2008 009 000026131 M Other Health Impairment

06/18/2024 @ 01:30 pm - Reevaluation/Annual

Outcome: IEP Change: Remains Classified Committee: Committee on Special Education

Start Fut End Date Service Freq/Cycle/Minutes Delivery Recommendation School/Location Primary Date **End Date CURRENT YEAR** 6/6 Day Cycle/40 11/21/2023 06/26/2024 Resource Room OFA Grades 9-12 (PS)/Resource Room Yes

Minutes Declassify with Declassification Plan

11/20/2009 F 009 Multiple Disabilities X 000027017

06/18/2024 @ 02:15 pm - Reevaluation/Annual

Committee: Committee on Special Education

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location |
|---------|---------------|--------------------------|-----------------------------|--------------------|-----------------------------|--|
| CURREN | IT YEAR | | | | | |
| Yes | 03/19/2024 | 06/26/2024 | Ratio 6:1:1 | 5/Weekly/360 | 6 students/1 teacher/1 aide | Potsdam Central High School (PN)/6:1:1 Classroom |
| | 03/19/2024 | 06/26/2024 | Adaptive Physical Education | 4/Weekly/30 | | Potsdam Central High School (PN)/Separate Location |
| | 03/19/2024 | 06/26/2024 | Social Worker | 1/Monthly/60 | Individual | Potsdam Central High School (PN)/Home Setting |
| | 03/19/2024 | 06/26/2024 | Speech | 2/Weekly/30 | Individual | Potsdam Central High School (PN)/Provider Location |

Outcome: IEP Change: Remains Classified

Continue classification of Multiple Disabilities Minutes

> 12 Month Extended Year Recommendation: BOCES 6:1:1 classroom placement 5 times per week for 360 minutes Individual Speech services 1 time per week for 30 minutes Direct Social Worker services 60 minutes for the summer 1:1 Teaching Assistant services 5 times per week for 360 minutes Behavioral Consultant services 2 times per week for 60 minutes

Individual Speech Consult services 30 minutes for the summer

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Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/18/2024

| ID | DOB | Gender | Grade | Disability | 12Mth |
|---------------------|----------------------|----------------------|------------------|------------|-------|
| Fall 2024 Recomr | nendation: | | | | |
| BOCES 6:1:1 clas | sroom placement | 5 times per week fo | or 360 minutes | | |
| Adaptive Physical | Education service | es 4 times per week | for 30 minutes | | |
| Individual Speech | services 2 times p | per week for 30 min | utes | | |
| Direct Social Worl | ker services 1 time | e per month for 60 n | ninutes | | |
| 1:1 Teaching Assi | stant 5 times per v | week for 360 minute | S | | |
| Behavioral Consu | Itant services 2 tin | nes per week for 60 | minutes | | |
| Indirect Speech C | onsult services 30 | 00 minutes per year | | | |
| Indirect Occupation | nal Therapy Cons | sultant services 420 | minutes per year | | |
| Indirect Physical 7 | Therapy Consult se | ervices 300 minutes | per year | | |
| Indirect Social Wo | orker services 1 tim | ne per month for 30 | minutes | | |
| Special Transport | ation services | | | | |

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Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/20/2024

| ID | DOB | Gender | Grade | Disability | 12Mth |
|-----------|------------|--------|-------|--|-------|
| 000077498 | 03/19/2014 | М | 003 | Section 504 Disability As of 07/02/24: Other Health Impairment | |

06/20/2024 @ 08:00 am - New Referral Referral: 05/02/2024 Outcome: Initial Placement

Committee: Committee on Special Education

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes Delivery Recom | mendation School/Location |
|---------|---------------|--------------------------|--------------------|-----------------------------------|--|
| CURREN | IT YEAR | | | | |
| Yes | 10/31/2023 | 06/26/2024 | 504 Accommodations | 6/6 Day Cycle/390 | Kennedy Elementary (PS)/Kennedy School |

Minutes Eligible for classification of Other Health Impairment

Fall 2024 Recommendation:

Resource Room services 6 times per cycle for 40 minutes

Direct Consultant Teacher services 12 times per cycle for 30 minutes in the areas of writing and mathematics

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Individual Counseling services 2 times per month for 30 minutes 1:1 Teaching Assistant services 6 times per cycle for 390 minutes

Behavioral Consultant services 900 minutes per year

Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/21/2024

IDDOBGenderGradeDisability12Mth00007829909/30/2012M006Emotional Disability

06/21/2024 @ 09:00 am - Annual Review

Committee: Committee on Special Education

Outcome: IEP Change: Remains Classified

Outcome: IEP Change: Remains Classified

X

Home Base - Preschool/Provider Location

COUNTY OF ST LAWRENCE

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location |
|---------------|---------------|--------------------------|--------------------|--------------------|-------------------------------------|--|
| CURREN Yes | | 06/26/2024 | Consultant Teacher | 6/6 Day Cycle/30 | Direct - in the area of Mathematics | Madill Elementary (PS)/General Education Classroom |
| | 12/19/2023 | 06/26/2024 | Counseling | 1/6 Day Cycle/30 | Individual | Madill Elementary (PS)/Provider Location |

Minutes Continue classification of Emotional Disability

Fall 2024 Recommendation:

BOCES 8:1:1 classroom placement 5 times per week for 200 minutes (Heuvelton)

Individual Counseling 1 time per week for 30 minutes

Group Counseling 1 time per week for 30 minutes

1:1 Teaching Assistant services 5 times per week for 260 minutes

Behavioral Consultant services 900 minutes per year

Special Transportation services

000078395 09/15/2020 M P Preschool Student with a Disability

Individual

06/21/2024 @ 12:30 pm - Annual Review

11/21/2023 06/26/2024

Committee: Committee on Preschool Special Education

Primary Start Fut End Date Service Freq/Cycle/Minutes Delivery Recommendation School/Location Date Coordinating Service Provider **End Date CURRENT YEAR** 11/21/2023 06/26/2024 Yes Special Education Itinerant 2/Weekly/60 Direct Home Base - Preschool/Home Setting Group NORTH COAST OT, PT AND SLP, PLLC 11/21/2023 06/26/2024 2/Weekly/30 Home Base - Preschool/Provider Location Occupational Therapy Individual NORTH COAST OT, PT AND SLP, PLLC

Minutes Continue classification of Preschool Student with a Disability

12 Month Extended Year Recommendation:

Speech

Special Education Itinerant Teacher services 2 times per week for 60 minutes

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2/Weekly/30

Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/21/2024

| | | ID | | DOB | Gender | | Disability | 1: | 2Mth |
|---|---|---|---|---|---|--|---|--|------|
| | | | | ces 2 times per v | | | | | |
| | | Individual Occ | cupational | Therapy service | es 2 times per w | eek for 30 minutes | | | |
| | | E.II.0004 D. | | | | | | | |
| | | Fall 2024 Red | | | viana O timan n | or wook for 60 minutos | | | |
| | | | | ces 2 times per v | | er week for 60 minutes | • | | |
| | | | | | | eek for 30 minutes | | | |
| | | marvidadi Col | Sapational | Thorapy corvios | o z amoo por m | TOOK TOT OF THINIAGO | | | |
| | | | | | | | | | |
| | | 000078 | 8321 | 09/11/2020 | F | Р | Preschool Student with a Disabil | lity X | |
| 6/21/202 | 04 @ 1⋅15 nn | n - Annual Re | | | | | Outcome: IEP Change: R | • | |
| Committee | e: Committe | e on Preschool | Special | Education | | | Outcome. ILI Onange. N | demants Classified | |
| | | | · | | | - 10 l /ht: 1 | | 0.1.10 | |
| Primary | Start Date | Fut End Date End Date | Service | | | Freq/Cycle/Minutes | Delivery Recommendation | Coordinating Service Provider | |
| CURREN | | Life Date | | | | | | Coordinating Service 1 Tovider | |
| | | | | | | | | labor E Kanna da Elamantan /Danidan Labatian | |
| Yes | 10/31/2023 | 06/26/2024 | Speech | | | 2/Weekly/30 | Individual | John F Kennedy Elementary/Provider Location | |
| Yes | 10/31/2023 | 06/26/2024 | Speech | | | 2/Weekly/30 | Individual | COUNTY OF ST LAWRENCE | |
| Yes | | | | of Preschool Stu | dent with a Disa | • | Individual | | |
| Yes | 10/31/2023 <u>Minutes</u> | | | of Preschool Stu | dent with a Disa | • | Individual | | |
| Yes | | Continue clas | sification | of Preschool Stu | | • | Individual | | |
| ∕es | | Continue clas | sification ended Ye | | tion: | ability | Individual | | |
| Yes | | Continue clas 12 Month Ext Individual Spe | esification ended Yea | ar Recommenda ces 2 times per v | tion: | ability | Individual | | |
| Yes | | Continue clas 12 Month Ext Individual Spe Fall 2024 Rec | ended Ye | ar Recommenda ces 2 times per v | tion: week for 30 min | ability | Individual | | |
| Yes | | Continue clas 12 Month Ext Individual Spe Fall 2024 Rec | ended Ye | ar Recommenda ces 2 times per v | tion: week for 30 min | ability | Individual | | |
| ∕es | | Continue clas 12 Month Ext Individual Spe Fall 2024 Rec | ended Ye | ar Recommenda ces 2 times per v | tion: week for 30 min | ability | Individual | | |
| Yes | | Continue class 12 Month Ext Individual Spe Fall 2024 Rec Individual Spe | ended Yea eech servi | ar Recommenda ces 2 times per v ation: ces 2 times per v | tion: week for 30 min week for 30 min | ability nutes nutes | | COUNTY OF ST LAWRENCE | |
| Yes | | Continue clas 12 Month Ext Individual Spe Fall 2024 Rec | ended Yea eech servi | ar Recommenda ces 2 times per v | tion: week for 30 min | ability nutes nutes | Preschool Student with a Disabil | COUNTY OF ST LAWRENCE | |
| | Minutes | Continue clas 12 Month Ext Individual Spe Fall 2024 Rec Individual Spe | ended Yeleech servicemenda | ar Recommenda ces 2 times per v ation: ces 2 times per v | tion: week for 30 min week for 30 min | ability nutes nutes | Preschool Student with a Disabi | COUNTY OF ST LAWRENCE | |
| 6/21/202 | Minutes 24 @ 2:00 pn | Continue class 12 Month Ext Individual Spe Fall 2024 Rec Individual Spe | ended Yeaech servicemenda eech serviceech serviceech serviceech | ar Recommenda ces 2 times per v ation: ces 2 times per v 09/22/2020 | tion: week for 30 min week for 30 min | ability nutes nutes | | COUNTY OF ST LAWRENCE | |
| 6/21/202 Committee | Minutes 24 @ 2:00 pn 2: Committee | Continue clas 12 Month Ext Individual Spe Fall 2024 Rec Individual Spe 000076 1 - Annual Rec on Preschool | ended Yea eech servi commenda eech servi 8329 eview I Special | ar Recommenda ces 2 times per v ation: ces 2 times per v 09/22/2020 Education | tion: week for 30 min week for 30 min | ability nutes nutes | Preschool Student with a Disabil Outcome: IEP Change: R | lity X Remains Classified | |
| 6/21/202 Committee | Minutes 24 @ 2:00 pn | Continue clas 12 Month Ext Individual Spe Fall 2024 Rec Individual Spe 000076 | ended Yea eech servi commenda eech servi 8329 eview I Special | ar Recommenda ces 2 times per v ation: ces 2 times per v 09/22/2020 Education | tion: week for 30 min week for 30 min | ability nutes nutes | Preschool Student with a Disabi | COUNTY OF ST LAWRENCE lity X Remains Classified School/Location | |
| 6/21/202 Committee Primary | Minutes 24 @ 2:00 pn 2: Committee Start Date | Continue class 12 Month Ext Individual Spe Fall 2024 Rec Individual Spe 000076 1 - Annual Rec on Preschool | ended Yea eech servi commenda eech servi 8329 eview I Special | ar Recommenda ces 2 times per v ation: ces 2 times per v 09/22/2020 Education | tion: week for 30 min week for 30 min | ability nutes nutes | Preschool Student with a Disabil Outcome: IEP Change: R | lity X Remains Classified | |
| 6/21/202 committee Primary CURREN | Minutes 24 @ 2:00 pn 2: Committee Start Date | Continue class 12 Month Ext Individual Spe Fall 2024 Rec Individual Spe 000076 1 - Annual Rec on Preschool Fut End Date End Date | ended Yea eech servi commenda eech servi 8329 eview / Special | ar Recommenda ces 2 times per v ation: ces 2 times per v 09/22/2020 Education | tion: week for 30 min week for 30 min | ability nutes nutes | Preschool Student with a Disabil Outcome: IEP Change: R | COUNTY OF ST LAWRENCE lity X Remains Classified School/Location | |
| | Minutes 24 @ 2:00 pn 2: Committee Start Date T YEAR | Continue class 12 Month Ext Individual Spe Fall 2024 Rec Individual Spe 000076 n - Annual Re e on Preschool Fut End Date End Date 06/26/2024 | ended Yea eech servi commenda eech servi 8329 eview / Special | ar Recommenda ces 2 times per v ation: ces 2 times per v 09/22/2020 Education | tion: week for 30 min week for 30 min | ability nutes nutes P Freq/Cycle/Minutes | Preschool Student with a Disabil Outcome: IEP Change: R Delivery Recommendation | COUNTY OF ST LAWRENCE Lity X Remains Classified School/Location Coordinating Service Provider | |

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Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/21/2024

ID DOB Gender Grade Disability 12Mth

Outcome: IEP Change: Remains Classified

Minutes Continue classification of Preschool Student with a Disability

12 Month Extended Year Recommendation:

Special Education Itinerant Teacher services 2 times per week for 60 minutes

Individual Speech services 2 times per week for 30 minutes

Fall 2024 Recommendation:

Special Education Itinerant Teacher services 2 times per week for 60 minutes

Individual Speech services 3 times per week for 30 minutes

000078467 03/01/2011 M 007 Other Health Impairment

06/21/2024 - Amendment with No Meeting Held

Committee: CSE

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location |
|---------|---------------|--------------------------|-------------|--------------------|-----------------------------|---|
| CURREN | T YEAR | | | | | |
| Yes | 02/27/2024 | 06/26/2024 | Ratio 8:1:1 | 5/Weekly/330 | 8 students/1 teacher/1 aide | A. A. Kingston Middle School (PN)/8:1:1 Classroom |
| | 02/27/2024 | 06/26/2024 | Counseling | 1/Weekly/30 | Individual | A. A. Kingston Middle School (PN)/Provider Location |
| | 02/27/2024 | 06/26/2024 | Counseling | 1/Weekly/30 | Group | A. A. Kingston Middle School (PN)/Provider Location |
| | 02/27/2024 | 06/26/2024 | Speech | 1/Weekly/30 | Individual | A. A. Kingston Middle School (PN)/Provider Location |

Minutes Continue classification of Other Health Impairment

12 Month Extended Year Recommendation:

BOCES 8:1:1 classroom placement 5 times per week for 360 minutes Individual Counseling services 1 time per week for 30 minutes

Group Counseling services 1 time per week for 30 minutes

Behavioral Consultant services 60 minutes for the summer

Fall 2024 Recommendation:

BOCES 8:1:1 classroom placement 5 times per week for 330 minutes (Heuvelton)

Individual Counseling services 1 time per week for 30 minutes

Group Counseling services 1 time per week for 30 minutes

Individual Speech services 1 time per week for 30 minutes

Individual Teaching Assistant 5 times per week for 180 minutes

Shared Supplementary School Personnel services 5 times per week for 180 minutes

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Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Meeting Date: 06/21/2024

| | ID | DOB | Gender | Grade | Disability | 12Mth |
|------------------------|-------------------|-------------|------------------|-------|---|-------|
| | | | minutes per year | | | |
| Specia | al Transportation | on services | | | | |
| | | | | | | |
| (| 000078421 | 01/04/2019 | M | Р | Preschool Student with a Disability | X |
| 06/21/2024 - Amendment | with No Me | etina Held | | | Outcome: IEP Change: Remains Classified | |
| Committee: CPSF | | og | | | outomorial onangoritomamo olacomou | |

Committee: CPSE

| Primary | Start Date | Fut End Date End Date | Service | Freq/Cycle/Minutes | Delivery Recommendation | School/Location Coordinating Service Provider | | | |
|---------|---------------|--------------------------|-----------------------------|--------------------|-------------------------|---|--|--|--|
| CURREN | CURRENT YEAR | | | | | | | | |
| Yes | 06/18/2024 | 06/26/2024 | Special Education Itinerant | 2/Weekly/60 | Direct Group | John F Kennedy Elementary/Provider Location COUNTY OF ST LAWRENCE | | | |
| | 06/18/2024 | 06/26/2024 | Speech | 3/Weekly/30 | Individual | John F Kennedy Elementary/Provider Location COUNTY OF ST LAWRENCE | | | |

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Minutes Continue classification of Preschool Student with a Disability

12 Month Extended Year Recommendation:

Special Education Itinerant Teacher services 2 times per week for 60 minutes

Individual Speech services 2 times per week for 30 minutes

Board Action Sheet

Meeting Date Range From: 06/12/2024 to 06/21/2024

Total Meetings 29