

**Brighton Central School District**  
**Committee Meeting Recommendations for Board of Education**

|   |                 |  |                 |                      |                                     |   |                 |                 |   |
|---|-----------------|--|-----------------|----------------------|-------------------------------------|---|-----------------|-----------------|---|
| <b>Student:</b> 'Board of Education Copy' |                 | <b>GenID#:</b> 908455                                    |                 |                      |                                     | <b>Grade:</b> Preschool   |                 |                 |   |
| <b>Meeting Date</b>                       | <b>BOE Date</b> | <b>Committee / Reason</b>                                |                 | <b>Decision</b>      | <b>Disability</b>                   | <b>Placement Recommendation / School</b>                                    |                 |                 |   |
| 06/04/2019                                | 07/01/2020      | Committee on Preschool Special Education / Annual Review |                 | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <b>Recommended Program/Service</b>        |                 | <b>Start Date</b>  | <b>End Date</b> | <b>Ratio</b>         | <b>Frequency</b>                    | <b>Period</b>   | <b>Duration</b> | <b>Location</b> | <b>Service Delivery Recommendations</b> |
| Speech and Language Therapy               |                 | 09/09/2020   | 06/24/2021      | Individual           | 2                                   | Weekly  | 30min.          | Home            |   |

|   |                 |  |                 |                      |                                     |   |                 |                 |   |
|---|-----------------|--|-----------------|----------------------|-------------------------------------|---|-----------------|-----------------|---|
| <b>Student:</b> 'Board of Education Copy' |                 | <b>GenID#:</b> 908725                                    |                 |                      |                                     | <b>Grade:</b> Preschool   |                 |                 |   |
| <b>Meeting Date</b>                       | <b>BOE Date</b> | <b>Committee / Reason</b>                                |                 | <b>Decision</b>      | <b>Disability</b>                   | <b>Placement Recommendation / School</b>                                    |                 |                 |   |
| 05/26/2020                                | 07/01/2020      | Committee on Preschool Special Education / Annual Review |                 | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <b>Recommended Program/Service</b>        |                 | <b>Start Date</b>  | <b>End Date</b> | <b>Ratio</b>         | <b>Frequency</b>                    | <b>Period</b>   | <b>Duration</b> | <b>Location</b> | <b>Service Delivery Recommendations</b> |
| Occupational Therapy                      |                 | 07/06/2020   | 08/14/2020      | Individual           | 2                                   | Weekly  | 30min.          | Therapy Setting |   |

|   |                 |  |                 |                      |                                     |   |                 |                 |   |
|---|-----------------|--|-----------------|----------------------|-------------------------------------|---|-----------------|-----------------|---|
| <b>Student:</b> 'Board of Education Copy' |                 | <b>GenID#:</b> 908484                                    |                 |                      |                                     | <b>Grade:</b> Preschool   |                 |                 |   |
| <b>Meeting Date</b>                       | <b>BOE Date</b> | <b>Committee / Reason</b>                                |                 | <b>Decision</b>      | <b>Disability</b>                   | <b>Placement Recommendation / School</b>                                    |                 |                 |   |
| 06/01/2020                                | 07/01/2020      | Committee on Preschool Special Education / Annual Review |                 | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <b>Recommended Program/Service</b>        |                 | <b>Start Date</b>  | <b>End Date</b> | <b>Ratio</b>         | <b>Frequency</b>                    | <b>Period</b>   | <b>Duration</b> | <b>Location</b> | <b>Service Delivery Recommendations</b> |
| Special Education Itinerant Services      |                 | 09/09/2020   | 06/24/2021      | Individual           | 2                                   | Weekly  | 1hr.            | Pre-K Setting   |   |
| Physical Therapy                          |                 | 09/09/2020   | 06/24/2021      | Individual           | 1                                   | Weekly  | 30min.          | Home            |   |
| Physical Therapy                          |                 | 09/09/2020   | 06/24/2021      | Individual           | 1                                   | Weekly  | 30min.          | Pre-K Setting   |   |
| Speech/Language Therapy                   |                 | 09/09/2020   | 06/24/2021      | Individual           | 2                                   | Weekly  | 30min.          | Pre-K Setting   |   |

|   |                 |  |                 |                      |                                     |   |                 |                 |   |
|---|-----------------|--|-----------------|----------------------|-------------------------------------|---|-----------------|-----------------|---|
| <b>Student:</b> 'Board of Education Copy' |                 | <b>GenID#:</b> 909070                                    |                 |                      |                                     | <b>Grade:</b> Preschool   |                 |                 |   |
| <b>Meeting Date</b>                       | <b>BOE Date</b> | <b>Committee / Reason</b>                                |                 | <b>Decision</b>      | <b>Disability</b>                   | <b>Placement Recommendation / School</b>                                    |                 |                 |   |
| 06/01/2020                                | 07/01/2020      | Committee on Preschool Special Education / Annual Review |                 | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <b>Recommended Program/Service</b>        |                 | <b>Start Date</b>  | <b>End Date</b> | <b>Ratio</b>         | <b>Frequency</b>                    | <b>Period</b>   | <b>Duration</b> | <b>Location</b> | <b>Service Delivery Recommendations</b> |
| Special Education Itinerant Services      |                 | 09/04/2019   | 06/25/2020      | Individual           | 2                                   | Weekly  | 1hr.            | Classroom       |   |
| Occupational Therapy                      |                 | 09/04/2019   | 06/25/2020      | Individual           | 2                                   | Weekly  | 30min.          | Pre-K Setting   |   |
| Physical Therapy                          |                 | 09/04/2019   | 06/25/2020      | Individual           | 2                                   | Weekly  | 30min.          | Pre-K Setting   |   |
| Music Therapy                             |                 | 10/28/2019   | 06/25/2020      | Small Group          | 1                                   | Weekly  | 30min.          | Pre-K Setting   |   |

|   |                 |  |  |                      |                                     |   |  |  |  |
|---|-----------------|--|--|----------------------|-------------------------------------|---|--|--|--|
| <b>Student:</b> 'Board of Education Copy' |                 | <b>GenID#:</b> 909053                                    |  |                      |                                     | <b>Grade:</b> Preschool   |  |  |  |
| <b>Meeting Date</b>                       | <b>BOE Date</b> | <b>Committee / Reason</b>                                |  | <b>Decision</b>      | <b>Disability</b>                   | <b>Placement Recommendation / School</b>  |  |  |  |
| 06/01/2020                                | 07/01/2020      | Committee on Preschool Special Education / Annual Review |  | Classified Preschool | Preschool Student with a Disability | Approved Preschool Special Education Program(APSEP) / Augustine Children's Center-Happiness House |  |  |  |

| <u>Recommended Program/Service</u> | <u>Start Date</u> | <u>End Date</u> | <u>Ratio</u> | <u>Frequency</u> | <u>Period</u> | <u>Duration</u> | <u>Location</u> | <u>Service Delivery Recommendations</u> |
|------------------------------------|-------------------|-----------------|--------------|------------------|---------------|-----------------|-----------------|---|
| Special Class                      | 09/09/2020        | 06/24/2021      | 8:1:2        | 5                | Weekly        | 5hr.            | Classroom       |   |
| Special Class                      | 07/06/2020        | 08/14/2020      | 8:1:2        | 5                | Weekly        | 5hr.            | Classroom       |   |
| Occupational Therapy               | 09/09/2020        | 06/24/2021      | Individual   | 3                | Weekly        | 30min.          | Pre-K Setting   |   |
| Physical Therapy                   | 09/09/2020        | 06/24/2021      | Individual   | 2                | Weekly        | 30min.          | Therapy Room    |   |
| Speech and Language Therapy        | 09/09/2020        | 06/24/2021      | Individual   | 2                | Weekly        | 30min.          | Therapy Room    |   |
| Speech and Language Therapy        | 09/09/2020        | 06/24/2021      | Individual   | 2                | Weekly        | 30min.          | Classroom       |   |
| Vision Services-DIRECT             | 09/09/2020        | 06/24/2021      | Individual   | 3                | Weekly        | 1hr.            | Classroom       |   |
| Vision Services-MATERIAL ADAPT.    | 09/09/2020        | 06/24/2021      | Individual   | 20               | Yearly        | 1hr.            | Classroom       |   |
| Music Therapy                      | 09/09/2020        | 06/24/2021      | Individual   | 1                | Weekly        | 30min.          | Therapy Room    |   |
| Music Therapy                      | 09/09/2020        | 06/24/2021      | Small Group  | 1                | Weekly        | 30min.          | Classroom       |   |
| Speech/Language Therapy            | 07/06/2020        | 08/14/2020      | Individual   | 2                | Weekly        | 30min.          | Therapy Room    |   |
| Vision Services-DIRECT             | 07/06/2020        | 08/14/2020      | Individual   | 3                | Weekly        | 1hr.            | Classroom       |   |
| Vision Services-MATERIAL ADAPT.    | 07/06/2020        | 08/14/2020      | Individual   | 5                | Every 6 weeks | 1hr.            | Classroom       |   |
| Speech/Language Therapy            | 07/06/2020        | 08/14/2020      | Individual   | 2                | Weekly        | 30min.          | Classroom       |   |
| Music Therapy                      | 07/06/2020        | 08/14/2020      | Small Group  | 1                | Weekly        | 30min.          | Classroom       |   |
| Music Therapy                      | 07/06/2020        | 08/14/2020      | Individual   | 1                | Weekly        | 30min.          | Therapy Room    |   |
| Physical Therapy                   | 07/06/2020        | 08/14/2020      | Individual   | 1                | Weekly        | 30min.          | Therapy Room    |   |
| Occupational Therapy               | 07/06/2020        | 08/14/2020      | Individual   | 3                | Weekly        | 30min.          | Classroom       |   |

**Student:** 'Board of Education Copy'      **GenID#:** 909324      **Grade:** Preschool

| <u>Meeting Date</u>                | <u>BOE Date</u>   | <u>Committee / Reason</u>                                | <u>Decision</u>      | <u>Disability</u>                   | <u>Placement Recommendation / School</u>   |                 |                 |   |
|------------------------------------|-------------------|--|----------------------|-------------------------------------|--|-----------------|-----------------|---|
| 06/01/2020                         | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Approved Preschool Special Education Program(APSEP) / Mary Cariola Children's Center Preschool |                 |                 |   |
| <u>Recommended Program/Service</u> | <u>Start Date</u> | <u>End Date</u>  | <u>Ratio</u>         | <u>Frequency</u>                    | <u>Period</u>  | <u>Duration</u> | <u>Location</u> | <u>Service Delivery Recommendations</u> |
| Special Class                      | 09/09/2020        | 06/24/2021   | 8:1+4                | 5                                   | Daily  | 5hr. 30min.     | Classroom       |   |
| Special Class                      | 07/13/2020        | 08/21/2020   | 8:1+4                | 5                                   | Daily  | 2hr. 30min.     | Classroom       |   |
| Speech and Language Therapy        | 09/09/2020        | 06/24/2021   | Individual           | 3                                   | Weekly   | 30min.          | Therapy Room    |   |
| Occupational Therapy               | 09/09/2020        | 06/24/2021   | Individual           | 2                                   | Weekly   | 30min.          | Therapy Room    |   |
| Speech/Language Therapy            | 07/13/2020        | 08/21/2020   | Individual           | 2                                   | Weekly   | 30min.          | Therapy Room    |   |
| Occupational Therapy               | 07/13/2020        | 08/21/2020   | Individual           | 1                                   | Weekly   | 30min.          | Therapy Room    |   |

**Student:** 'Board of Education Copy'      **GenID#:** 909343      **Grade:** Preschool

| <u>Meeting Date</u>                  | <u>BOE Date</u>   | <u>Committee / Reason</u>                                | <u>Decision</u>      | <u>Disability</u>                   | <u>Placement Recommendation / School</u>                                    |                 |                 |   |
|--------------------------------------|-------------------|--|----------------------|-------------------------------------|---|-----------------|-----------------|---|
| 06/01/2020                           | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <u>Recommended Program/Service</u>   | <u>Start Date</u> | <u>End Date</u>  | <u>Ratio</u>         | <u>Frequency</u>                    | <u>Period</u>   | <u>Duration</u> | <u>Location</u> | <u>Service Delivery Recommendations</u> |
| Special Education Itinerant Services | 09/09/2020        | 06/24/2021   | 1:1                  | 2                                   | Weekly  | 1hr.            | Pre-K Setting   |   |
| Speech/Language Therapy              | 09/09/2020        | 06/24/2021   | Individual           | 3                                   | Weekly  | 30min.          | Pre-K Setting   |   |
| Speech/Language Therapy              | 07/06/2020        | 08/14/2020   | Individual           | 2                                   | Weekly  | 30min.          | Home            |   |

**Student:** 'Board of Education Copy'      **GenID#:** 907882      **Grade:** Preschool

| Meeting Date                       | BOE Date          | Committee / Reason                                       | Decision             | Disability                          | Placement Recommendation / School   |                 |                 |   |
|------------------------------------|-------------------|--|----------------------|-------------------------------------|---|-----------------|-----------------|---|
| 06/02/2020                         | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <u>Recommended Program/Service</u> | <u>Start Date</u> | <u>End Date</u>  | <u>Ratio</u>         | <u>Frequency</u>                    | <u>Period</u>   | <u>Duration</u> | <u>Location</u> | <u>Service Delivery Recommendations</u> |
| Speech/Language Therapy            | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly  | 30min.          | Pre-K Setting   |   |
| Speech/Language Therapy            | 09/09/2020        | 06/24/2021   | Individual           | 2                                   | Weekly  | 30min.          | Home            |   |

| Student: 'Board of Education Copy'   |                   | GenID#: 909531   |                      | Grade: Preschool                    |  |                 |                 |   |
|--------------------------------------|-------------------|--|----------------------|-------------------------------------|--|-----------------|-----------------|---|
| Meeting Date                         | BOE Date          | Committee / Reason                                       | Decision             | Disability                          | Placement Recommendation / School  |                 |                 |   |
| 06/02/2020                           | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Approved Preschool Special Education Program(APSEP) / Preschool SEIT & Related Services Only |                 |                 |   |
| <u>Recommended Program/Service</u>   | <u>Start Date</u> | <u>End Date</u>  | <u>Ratio</u>         | <u>Frequency</u>                    | <u>Period</u>  | <u>Duration</u> | <u>Location</u> | <u>Service Delivery Recommendations</u> |
| Special Education Itinerant Services | 09/09/2020        | 06/24/2021   | 1:1                  | 3                                   | Weekly   | 1hr.            | Daycare         |   |
| Special Education Itinerant Services | 07/06/2020        | 08/14/2020   | 1:1                  | 2                                   | Weekly   | 1hr.            | Daycare         |   |
| Speech/Language Therapy              | 09/09/2020        | 06/24/2021   | Individual           | 2                                   | Weekly   | 30min.          | Daycare         |   |
| Speech/Language Therapy              | 09/09/2020        | 06/24/2021   | Individual           | 2                                   | Weekly   | 30min.          | Daycare         |   |
| Occupational Therapy                 | 09/09/2020        | 06/24/2021   | Individual           | 2                                   | Weekly   | 30min.          | Daycare         |   |
| Occupational Therapy                 | 09/09/2020        | 06/24/2021   | Individual           | 2                                   | Weekly   | 30min.          | Daycare         |   |
| Occupational Therapy                 | 07/06/2020        | 08/14/2020   | Individual           | 1                                   | Weekly   | 30min.          | Daycare         |   |
| Speech/Language Therapy              | 07/06/2020        | 08/14/2020   | Individual           | 1                                   | Weekly   | 30min.          | Daycare         |   |

| Student: 'Board of Education Copy' |                   | GenID#: 909539   |                      | Grade: Preschool                    |   |                 |                              |   |
|------------------------------------|-------------------|--|----------------------|-------------------------------------|---|-----------------|------------------------------|---|
| Meeting Date                       | BOE Date          | Committee / Reason                                       | Decision             | Disability                          | Placement Recommendation / School   |                 |                              |   |
| 06/02/2020                         | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                              |   |
| <u>Recommended Program/Service</u> | <u>Start Date</u> | <u>End Date</u>  | <u>Ratio</u>         | <u>Frequency</u>                    | <u>Period</u>   | <u>Duration</u> | <u>Location</u>              | <u>Service Delivery Recommendations</u> |
| Vision Services-DIRECT             | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly  | 30min.          | Across all Academic Settings |   |
| Physical Therapy                   | 09/09/2020        | 06/24/2021   | Individual           | 2                                   | Weekly  | 30min.          | Pre-K Setting                |   |

| Student: 'Board of Education Copy'   |                   | GenID#: 908774   |              | Grade: Preschool                    |   |                 |                 |   |
|--------------------------------------|-------------------|--|--------------|-------------------------------------|---|-----------------|-----------------|---|
| Meeting Date                         | BOE Date          | Committee / Reason                                       | Decision     | Disability                          | Placement Recommendation / School   |                 |                 |   |
| 06/02/2020                           | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Exited       | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <u>Recommended Program/Service</u>   | <u>Start Date</u> | <u>End Date</u>  | <u>Ratio</u> | <u>Frequency</u>                    | <u>Period</u>   | <u>Duration</u> | <u>Location</u> | <u>Service Delivery Recommendations</u> |
| Special Education Itinerant Services | 09/09/2020        | 06/24/2021   | 1:1          | 2                                   | Weekly  | 1hr.            | Pre-K Setting   |   |
| Speech/Language Therapy              | 09/09/2020        | 06/24/2021   | Individual   | 3                                   | Weekly  | 45min.          | Daycare         |   |

| Student: 'Board of Education Copy' |          | GenID#: 909257     |          | Grade: Preschool |                                   |
|------------------------------------|----------|--------------------|----------|------------------|-----------------------------------|
| Meeting Date                       | BOE Date | Committee / Reason | Decision | Disability       | Placement Recommendation / School |

|  |                   |  |                      |                                     |  |                 |                 |   |
|--|-------------------|--|----------------------|-------------------------------------|--|-----------------|-----------------|---|
| 06/03/2020                             | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Approved Preschool Special Education Program(APSEP) / Rochester Childfirst Network |                 |                 |   |
| <b>Recommended Program/Service</b>     | <b>Start Date</b> | <b>End Date</b>  | <b>Ratio</b>         | <b>Frequency</b>                    | <b>Period</b>  | <b>Duration</b> | <b>Location</b> | <b>Service Delivery Recommendations</b> |
| Special Class in an Integrated Setting | 09/09/2020        | 06/24/2021   | 8:1+1                | 5                                   | Weekly   | 2hr. 30min.     | Pre-K Setting   |   |
| Special Class in an Integrated Setting | 07/06/2020        | 08/14/2020   | 6:1+1                | 5                                   | Daily  | 2hr. 30min.     | Pre-K Setting   |   |
| Speech and Language Therapy            | 09/09/2020        | 06/24/2021   | Small Group          | 2                                   | Weekly   | 30min.          | Therapy Room    |   |
| Speech and Language Therapy            | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly   | 30min.          | Classroom       |   |
| Occupational Therapy                   | 09/09/2020        | 06/24/2021   | Small Group          | 2                                   | Weekly   | 30min.          | Therapy Room    |   |
| Speech/Language Therapy                | 07/06/2020        | 08/14/2020   | Small Group          | 2                                   | Weekly   | 30min.          | Pre-K Setting   |   |
| Occupational Therapy                   | 07/06/2020        | 08/14/2020   | Small Group          | 2                                   | Weekly   | 30min.          | Pre-K Setting   |   |

|   |                   |  |                      |                                     |   |                 |                 |   |
|---|-------------------|--|----------------------|-------------------------------------|---|-----------------|-----------------|---|
| <b>Student:</b> 'Board of Education Copy' |                   | <b>GenID#:</b> 907308                                    |                      |                                     | <b>Grade:</b> Preschool   |                 |                 |   |
| <b>Meeting Date</b>                       | <b>BOE Date</b>   | <b>Committee / Reason</b>                                | <b>Decision</b>      | <b>Disability</b>                   | <b>Placement Recommendation / School</b>                                    |                 |                 |   |
| 06/03/2020                                | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <b>Recommended Program/Service</b>        | <b>Start Date</b> | <b>End Date</b>  | <b>Ratio</b>         | <b>Frequency</b>                    | <b>Period</b>   | <b>Duration</b> | <b>Location</b> | <b>Service Delivery Recommendations</b> |
| Speech/Language Therapy                   | 09/09/2020        | 06/24/2021   | Individual           | 3                                   | Weekly  | 30min.          | Home            |   |
| Speech/Language Therapy                   | 07/06/2020        | 08/14/2020   | Individual           | 2                                   | Weekly  | 30min.          | Home            |   |

|   |                   |  |                      |                                     |   |                 |                 |   |
|---|-------------------|--|----------------------|-------------------------------------|---|-----------------|-----------------|---|
| <b>Student:</b> 'Board of Education Copy' |                   | <b>GenID#:</b> 909225                                    |                      |                                     | <b>Grade:</b> Preschool   |                 |                 |   |
| <b>Meeting Date</b>                       | <b>BOE Date</b>   | <b>Committee / Reason</b>                                | <b>Decision</b>      | <b>Disability</b>                   | <b>Placement Recommendation / School</b>                                    |                 |                 |   |
| 06/03/2020                                | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <b>Recommended Program/Service</b>        | <b>Start Date</b> | <b>End Date</b>  | <b>Ratio</b>         | <b>Frequency</b>                    | <b>Period</b>   | <b>Duration</b> | <b>Location</b> | <b>Service Delivery Recommendations</b> |
| Speech and Language Therapy               | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly  | 30min.          | Pre-K Setting   |   |
| Speech and Language Therapy               | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly  | 30min.          | Home            |   |

|   |                   |  |                      |                                     |   |                 |                 |   |
|---|-------------------|--|----------------------|-------------------------------------|---|-----------------|-----------------|---|
| <b>Student:</b> 'Board of Education Copy' |                   | <b>GenID#:</b> 909543                                    |                      |                                     | <b>Grade:</b> Preschool   |                 |                 |   |
| <b>Meeting Date</b>                       | <b>BOE Date</b>   | <b>Committee / Reason</b>                                | <b>Decision</b>      | <b>Disability</b>                   | <b>Placement Recommendation / School</b>                                    |                 |                 |   |
| 06/03/2020                                | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <b>Recommended Program/Service</b>        | <b>Start Date</b> | <b>End Date</b>  | <b>Ratio</b>         | <b>Frequency</b>                    | <b>Period</b>   | <b>Duration</b> | <b>Location</b> | <b>Service Delivery Recommendations</b> |
| Speech/Language Therapy                   | 09/09/2020        | 06/24/2021   | Individual           | 2                                   | Weekly  | 30min.          | Home            |   |
| Speech/Language Therapy                   | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly  | 30min.          | Pre-K Setting   |   |

|   |                   |  |                      |                                     |   |                 |                 |   |
|---|-------------------|--|----------------------|-------------------------------------|---|-----------------|-----------------|---|
| <b>Student:</b> 'Board of Education Copy' |                   | <b>GenID#:</b> 907826                                    |                      |                                     | <b>Grade:</b> Preschool   |                 |                 |   |
| <b>Meeting Date</b>                       | <b>BOE Date</b>   | <b>Committee / Reason</b>                                | <b>Decision</b>      | <b>Disability</b>                   | <b>Placement Recommendation / School</b>                                    |                 |                 |   |
| 06/03/2020                                | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <b>Recommended Program/Service</b>        | <b>Start Date</b> | <b>End Date</b>  | <b>Ratio</b>         | <b>Frequency</b>                    | <b>Period</b>   | <b>Duration</b> | <b>Location</b> | <b>Service Delivery Recommendations</b> |

|                             |            |            |            |   |        |        |                 |
|-----------------------------|------------|------------|------------|---|--------|--------|-----------------|
| Speech and Language Therapy | 09/09/2020 | 06/24/2021 | Individual | 1 | Weekly | 30min. | Therapy Setting |
| Speech/Language Therapy     | 07/06/2020 | 08/14/2020 | Individual | 2 | Weekly | 30min. | Tele-therapy    |

**Student:** 'Board of Education Copy'      **GenID#:** 908534      **Grade:** Preschool

| Meeting Date                           | BOE Date          | Committee / Reason                                       | Decision             | Disability                          | Placement Recommendation / School  |                 |                 |   |
|--|-------------------|--|----------------------|-------------------------------------|--|-----------------|-----------------|---|
| 06/04/2020                             | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Approved Preschool Special Education Program(APSEP) / CP Rochester at Augustin Children's Center |                 |                 |   |
| <u>Recommended Program/Service</u>     | <u>Start Date</u> | <u>End Date</u>  | <u>Ratio</u>         | <u>Frequency</u>                    | <u>Period</u>  | <u>Duration</u> | <u>Location</u> | <u>Service Delivery Recommendations</u> |
| Special Class in an Integrated Setting | 09/09/2020        | 06/24/2021   | 12:1+2               | 5                                   | Weekly   | 3hr.            | Classroom       |   |
| Special Class in an Integrated Setting | 07/06/2020        | 08/14/2020   | 16:2:2               | 5                                   | Weekly   | 3hr.            | Pre-K Setting   |   |
| Music Therapy                          | 09/09/2020        | 06/24/2021   | Small Group          | 1                                   | Weekly   | 30min.          | Classroom       |   |
| Speech/Language Therapy                | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly   | 30min.          | Clinic          |   |
| Speech/Language Therapy                | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Monthly  | 30min.          | Therapy Room    |   |
| Music Therapy                          | 09/09/2020        | 06/24/2021   | Small Group          | 1                                   | Weekly   | 30min.          | Therapy Room    |   |
| Speech and Language Therapy            | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly   | 30min.          | Classroom       |   |
| Speech and Language Therapy            | 09/09/2020        | 06/24/2021   | Individual           | 2                                   | Weekly   | 30min.          | Therapy Room    |   |
| Physical Therapy                       | 09/09/2020        | 06/24/2021   | Individual           | 3                                   | Weekly   | 30min.          | Therapy Room    |   |
| Occupational Therapy                   | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly   | 30min.          | Therapy Room    |   |
| Occupational Therapy                   | 09/09/2020        | 06/24/2021   | Individual           | 2                                   | Weekly   | 30min.          | Classroom       |   |
| Music Therapy                          | 07/06/2020        | 08/14/2020   | Individual           | 1                                   | Weekly   | 30min.          | Therapy Room    |   |
| Speech/Language Therapy                | 07/06/2020        | 08/14/2020   | Individual           | 1                                   | Weekly   | 30min.          | Clinic          |   |
| Speech/Language Therapy                | 07/06/2020        | 08/14/2020   | Individual           | 2                                   | Weekly   | 30min.          | Therapy Room    |   |
| Speech/Language Therapy                | 07/06/2020        | 08/14/2020   | Individual           | 1                                   | Weekly   | 30min.          | Classroom       |   |
| Occupational Therapy                   | 07/06/2020        | 08/14/2020   | Individual           | 1                                   | Weekly   | 30min.          | Therapy Room    |   |
| Occupational Therapy                   | 07/06/2020        | 08/14/2020   | Individual           | 1                                   | Weekly   | 30min.          | Classroom       |   |
| Physical Therapy                       | 07/06/2020        | 08/14/2020   | Individual           | 2                                   | Weekly   | 30min.          | Therapy Room    |   |
| Music Therapy                          | 07/06/2020        | 08/14/2020   | Small Group          | 1                                   | Weekly   | 30min.          | Therapy Room    |   |

**Student:** 'Board of Education Copy'      **GenID#:** 909592      **Grade:** Preschool

| Meeting Date                         | BOE Date          | Committee / Reason                                       | Decision             | Disability                          | Placement Recommendation / School   |                 |                 |   |
|--------------------------------------|-------------------|--|----------------------|-------------------------------------|---|-----------------|-----------------|---|
| 06/04/2020                           | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <u>Recommended Program/Service</u>   | <u>Start Date</u> | <u>End Date</u>  | <u>Ratio</u>         | <u>Frequency</u>                    | <u>Period</u>   | <u>Duration</u> | <u>Location</u> | <u>Service Delivery Recommendations</u> |
| Special Education Itinerant Services | 09/09/2020        | 06/24/2021   | 1:1                  | 2                                   | Weekly  | 1hr.            | Classroom       |   |
| Special Education Itinerant Services | 07/06/2020        | 08/14/2020   | 1:1                  | 2                                   | Weekly  | 1hr.            | Classroom       |   |
| Speech/Language Therapy              | 09/09/2020        | 06/24/2021   | Individual           | 2                                   | Weekly  | 30min.          | Classroom       |   |
| Speech/Language Therapy              | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly  | 30min.          | Pre-K Setting   |   |
| Occupational Therapy                 | 09/09/2020        | 06/24/2021   | Individual           | 2                                   | Weekly  | 30min.          | Classroom       |   |
| Occupational Therapy                 | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly  | 30min.          | Pre-K Setting   |   |
| Speech/Language Therapy              | 07/06/2020        | 08/14/2020   | Individual           | 2                                   | Weekly  | 30min.          | Pre-K Setting   |   |
| Occupational Therapy                 | 07/06/2020        | 08/14/2020   | Individual           | 2                                   | Weekly  | 30min.          | Pre-K Setting   |   |

| <b>Student:</b> 'Board of Education Copy' |                   | <b>GenID#:</b> 909473                                    |                      | <b>Grade:</b> Preschool             |   |                 |                 |   |
|---|-------------------|--|----------------------|-------------------------------------|---|-----------------|-----------------|---|
| <b>Meeting Date</b>                       | <b>BOE Date</b>   | <b>Committee / Reason</b>                                | <b>Decision</b>      | <b>Disability</b>                   | <b>Placement Recommendation / School</b>                                    |                 |                 |   |
| 06/04/2020                                | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <b>Recommended Program/Service</b>        | <b>Start Date</b> | <b>End Date</b>  | <b>Ratio</b>         | <b>Frequency</b>                    | <b>Period</b>   | <b>Duration</b> | <b>Location</b> | <b>Service Delivery Recommendations</b> |
| Physical Therapy                          | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly  | 30min.          | Pre-K Setting   |   |
| Occupational Therapy                      | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly  | 30min.          | Pre-K Setting   |   |

| <b>Student:</b> 'Board of Education Copy' |                   | <b>GenID#:</b> 908622                                    |                      | <b>Grade:</b> Preschool             |   |                 |                 |   |
|---|-------------------|--|----------------------|-------------------------------------|---|-----------------|-----------------|---|
| <b>Meeting Date</b>                       | <b>BOE Date</b>   | <b>Committee / Reason</b>                                | <b>Decision</b>      | <b>Disability</b>                   | <b>Placement Recommendation / School</b>                                    |                 |                 |   |
| 06/04/2020                                | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <b>Recommended Program/Service</b>        | <b>Start Date</b> | <b>End Date</b>  | <b>Ratio</b>         | <b>Frequency</b>                    | <b>Period</b>   | <b>Duration</b> | <b>Location</b> | <b>Service Delivery Recommendations</b> |
| Speech and Language Therapy               | 09/09/2020        | 06/24/2021   | Individual           | 3                                   | Weekly  | 30min.          | Home            |   |

| <b>Student:</b> 'Board of Education Copy' |                   | <b>GenID#:</b> 909284                                    |                      | <b>Grade:</b> Preschool             |  |                 |                 |   |
|---|-------------------|--|----------------------|-------------------------------------|--|-----------------|-----------------|---|
| <b>Meeting Date</b>                       | <b>BOE Date</b>   | <b>Committee / Reason</b>                                | <b>Decision</b>      | <b>Disability</b>                   | <b>Placement Recommendation / School</b>                           |                 |                 |   |
| 06/05/2020                                | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Approved Preschool Special Education Program(APSEP) / Liberty Post |                 |                 |   |
| <b>Recommended Program/Service</b>        | <b>Start Date</b> | <b>End Date</b>  | <b>Ratio</b>         | <b>Frequency</b>                    | <b>Period</b>  | <b>Duration</b> | <b>Location</b> | <b>Service Delivery Recommendations</b> |
| Special Class in an Integrated Setting    | 09/09/2020        | 06/24/2021   | 12:1+2               | 5                                   | Weekly   | 2hr. 30min.     | Pre-K Setting   |   |
| Special Class in an Integrated Setting    | 07/06/2020        | 08/14/2020   | 12:1+2               | 5                                   | Weekly   | 2hr. 30min.     | Pre-K Setting   |   |
| Music Therapy                             | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly   | 30min.          | Therapy Room    |   |
| Speech and Language Therapy               | 09/09/2020        | 06/24/2021   | Individual           | 2                                   | Weekly   | 30min.          | Clinic          |   |
| Speech and Language Therapy               | 09/09/2020        | 06/24/2021   | Small Group          | 3                                   | Weekly   | 30min.          | Therapy Room    |   |
| Occupational Therapy                      | 09/09/2020        | 06/24/2021   | Small Group          | 2                                   | Weekly   | 30min.          | Therapy Room    |   |
| Physical Therapy                          | 09/09/2020        | 06/24/2021   | Small Group          | 2                                   | Weekly   | 30min.          | Therapy Room    |   |
| Music Therapy                             | 09/09/2020        | 06/24/2021   | Small Group          | 1                                   | Weekly   | 30min.          | Classroom       |   |
| Music Therapy                             | 07/06/2020        | 08/14/2020   | Small Group          | 1                                   | Weekly   | 30min.          | Classroom       |   |
| Music Therapy                             | 07/06/2020        | 08/14/2020   | Individual           | 1                                   | Weekly   | 30min.          | Therapy Room    |   |
| Physical Therapy                          | 07/06/2020        | 08/14/2020   | Individual           | 1                                   | Weekly   | 30min.          | Therapy Room    |   |
| Occupational Therapy                      | 07/06/2020        | 08/14/2020   | Small Group          | 2                                   | Weekly   | 30min.          | Therapy Room    |   |
| Speech/Language Therapy                   | 07/06/2020        | 08/14/2020   | Small Group          | 3                                   | Weekly   | 30min.          | Therapy Room    |   |
| Speech/Language Therapy                   | 07/06/2020        | 08/14/2020   | Individual           | 1                                   | Weekly   | 30min.          | Clinic          |   |

| <b>Student:</b> 'Board of Education Copy' |                   | <b>GenID#:</b> 907472                                    |                      | <b>Grade:</b> Preschool             |  |                 |                 |   |
|---|-------------------|--|----------------------|-------------------------------------|--|-----------------|-----------------|---|
| <b>Meeting Date</b>                       | <b>BOE Date</b>   | <b>Committee / Reason</b>                                | <b>Decision</b>      | <b>Disability</b>                   | <b>Placement Recommendation / School</b>                           |                 |                 |   |
| 06/05/2020                                | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Approved Preschool Special Education Program(APSEP) / Liberty Post |                 |                 |   |
| <b>Recommended Program/Service</b>        | <b>Start Date</b> | <b>End Date</b>  | <b>Ratio</b>         | <b>Frequency</b>                    | <b>Period</b>  | <b>Duration</b> | <b>Location</b> | <b>Service Delivery Recommendations</b> |
| Special Class in an Integrated Setting    | 09/09/2020        | 06/24/2021   | 12:1+1               | 5                                   | Weekly   | 2hr. 30min.     | Classroom       |   |

|                             |            |            |             |   |        |        |              |
|-----------------------------|------------|------------|-------------|---|--------|--------|--------------|
| Speech and Language Therapy | 09/09/2020 | 06/24/2021 | Small Group | 2 | Weekly | 30min. | Classroom    |
| Speech/Language Therapy     | 09/09/2020 | 06/24/2021 | Small Group | 1 | Weekly | 30min. | Therapy Room |

**Student:** 'Board of Education Copy'      **GenID#:** 908987      **Grade:** Preschool

| Meeting Date                           | BOE Date          | Committee / Reason                                       | Decision             | Disability                          | Placement Recommendation / School                                  |                 |                 |   |
|--|-------------------|--|----------------------|-------------------------------------|--|-----------------|-----------------|---|
| 06/05/2020                             | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Approved Preschool Special Education Program(APSEP) / Liberty Post |                 |                 |   |
| <u>Recommended Program/Service</u>     | <u>Start Date</u> | <u>End Date</u>  | <u>Ratio</u>         | <u>Frequency</u>                    | <u>Period</u>  | <u>Duration</u> | <u>Location</u> | <u>Service Delivery Recommendations</u> |
| Special Class in an Integrated Setting | 09/09/2020        | 06/24/2021   | 12:1+2               | 5                                   | Weekly   | 2hr. 30min.     | Pre-K Setting   |   |
| Special Class in an Integrated Setting | 07/06/2020        | 08/14/2020   | 12:1+2               | 5                                   | Weekly   | 2hr. 30min.     | Pre-K Setting   |   |
| Occupational Therapy                   | 09/09/2020        | 06/24/2021   | Small Group          | 2                                   | Weekly   | 30min.          | Classroom       |   |
| Speech and Language Therapy            | 09/09/2020        | 06/24/2021   | Small Group          | 2                                   | Weekly   | 30min.          | Classroom       |   |
| Physical Therapy                       | 09/09/2020        | 06/24/2021   | Small Group          | 1                                   | Weekly   | 30min.          | Therapy Room    |   |
| Physical Therapy                       | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly   | 30min.          | Therapy Room    |   |
| Speech/Language Therapy                | 09/09/2020        | 06/24/2021   | Small Group          | 1                                   | Weekly   | 30min.          | Therapy Room    |   |
| Speech/Language Therapy                | 07/06/2020        | 08/14/2020   | Small Group          | 1                                   | Weekly   | 30min.          | Classroom       |   |
| Speech/Language Therapy                | 07/06/2020        | 08/14/2020   | Small Group          | 1                                   | Weekly   | 30min.          | Therapy Room    |   |
| Physical Therapy                       | 07/06/2020        | 08/14/2020   | Individual           | 1                                   | Weekly   | 30min.          | Therapy Room    |   |
| Physical Therapy                       | 07/06/2020        | 08/14/2020   | Small Group          | 1                                   | Weekly   | 30min.          | Therapy Room    |   |
| Occupational Therapy                   | 07/06/2020        | 08/14/2020   | Small Group          | 2                                   | Weekly   | 30min.          | Classroom       |   |

**Student:** 'Board of Education Copy'      **GenID#:** 908004      **Grade:** Preschool

| Meeting Date                       | BOE Date          | Committee / Reason  | Decision     | Disability                          | Placement Recommendation / School   |                 |                 |   |
|------------------------------------|-------------------|---|--------------|-------------------------------------|---|-----------------|-----------------|---|
| 06/08/2020                         | 07/01/2020        | Committee on Preschool Special Education / Requested Review | Exited       | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <u>Recommended Program/Service</u> | <u>Start Date</u> | <u>End Date</u>   | <u>Ratio</u> | <u>Frequency</u>                    | <u>Period</u>   | <u>Duration</u> | <u>Location</u> | <u>Service Delivery Recommendations</u> |
| Speech/Language Therapy            | 07/06/2020        | 08/14/2020  | Individual   | 1                                   | Weekly  | 30min.          | Tele-therapy    |   |

**Student:** 'Board of Education Copy'      **GenID#:** 909667      **Grade:** Preschool

| Meeting Date                       | BOE Date          | Committee / Reason   | Decision             | Disability                          | Placement Recommendation / School   |                 |                 |   |
|------------------------------------|-------------------|--|----------------------|-------------------------------------|---|-----------------|-----------------|---|
| 06/10/2020                         | 07/01/2020        | Committee on Preschool Special Education / Initial Eligibility Determination Meeting | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <u>Recommended Program/Service</u> | <u>Start Date</u> | <u>End Date</u>  | <u>Ratio</u>         | <u>Frequency</u>                    | <u>Period</u>   | <u>Duration</u> | <u>Location</u> | <u>Service Delivery Recommendations</u> |
| Speech/Language Therapy            | 09/09/2020        | 06/24/2021   | Individual           | 3                                   | Weekly  | 30min.          | Pre-K Setting   |   |

**Student:** 'Board of Education Copy'      **GenID#:** 909017      **Grade:** Preschool

| Meeting Date                       | BOE Date          | Committee / Reason                                       | Decision             | Disability                          | Placement Recommendation / School   |                 |                 |   |
|------------------------------------|-------------------|--|----------------------|-------------------------------------|---|-----------------|-----------------|---|
| 06/10/2020                         | 07/01/2020        | Committee on Preschool Special Education / Annual Review | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <u>Recommended Program/Service</u> | <u>Start Date</u> | <u>End Date</u>  | <u>Ratio</u>         | <u>Frequency</u>                    | <u>Period</u>   | <u>Duration</u> | <u>Location</u> | <u>Service Delivery Recommendations</u> |
| Occupational Therapy               | 09/09/2020        | 06/24/2021   | Individual           | 2                                   | Weekly  | 30min.          | Pre-K Setting   |   |

| <b>Student:</b> 'Board of Education Copy' |                   | <b>GenID#:</b> 909663  |                      | <b>Grade:</b> Preschool             |   |                 |                 |   |
|---|-------------------|--|----------------------|-------------------------------------|---|-----------------|-----------------|---|
| <b>Meeting Date</b>                       | <b>BOE Date</b>   | <b>Committee / Reason</b>  | <b>Decision</b>      | <b>Disability</b>                   | <b>Placement Recommendation / School</b>                                    |                 |                 |   |
| 06/15/2020                                | 07/01/2020        | Committee on Preschool Special Education / Initial Eligibility Determination Meeting | Classified Preschool | Preschool Student with a Disability | Preschool Itinerant Services Only(PISO) / Preschool Itinerant Services Only |                 |                 |   |
| <b>Recommended Program/Service</b>        | <b>Start Date</b> | <b>End Date</b>  | <b>Ratio</b>         | <b>Frequency</b>                    | <b>Period</b>   | <b>Duration</b> | <b>Location</b> | <b>Service Delivery Recommendations</b> |
| Speech/Language Therapy                   | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly  | 30min.          | Pre-K Setting   |   |
| Speech/Language Therapy                   | 09/09/2020        | 06/24/2021   | Individual           | 1                                   | Weekly  | 30min.          | Classroom       |   |

| <b>Student:</b> 'Board of Education Copy' |                   | <b>GenID#:</b>   |                      | <b>Grade:</b> Preschool             |  |                 |                   |   |
|---|-------------------|--|----------------------|-------------------------------------|--|-----------------|-------------------|---|
| <b>Meeting Date</b>                       | <b>BOE Date</b>   | <b>Committee / Reason</b>  | <b>Decision</b>      | <b>Disability</b>                   | <b>Placement Recommendation / School</b>   |                 |                   |   |
| 06/26/2020                                | 07/01/2020        | Committee on Preschool Special Education / Requested Review Transfer Student | Classified Preschool | Preschool Student with a Disability | Approved Preschool Special Education Program(APSEP) / Mary Cariola Children's Center Preschool |                 |                   |   |
| <b>Recommended Program/Service</b>        | <b>Start Date</b> | <b>End Date</b>  | <b>Ratio</b>         | <b>Frequency</b>                    | <b>Period</b>  | <b>Duration</b> | <b>Location</b>   | <b>Service Delivery Recommendations</b> |
| Special Class                             | 07/13/2020        | 08/21/2020   | 8:1:4                | 5                                   | Weekly   | 5hr. 30min.     | Preschool Program |   |
| Physical Therapy                          | 07/13/2020        | 08/21/2020   | Individual           | 1                                   | Weekly   | 30min.          | Therapy Room      |   |
| Occupational Therapy                      | 07/13/2020        | 08/21/2020   | Individual           | 1                                   | Weekly   | 30min.          | Therapy Room      |   |
| Speech/Language Therapy                   | 07/13/2020        | 08/21/2020   | Individual           | 2                                   | Weekly   | 30min.          | Therapy Room      |   |