

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

STUDENT NAME: DATE OF BIRTH: LOCAL ID #:	DISABILITY CLASSIFICATION:
PROJECTED DATE IEP IS TO BE IMPLEMENTED:	PROJECTED DATE OF ANNUAL REVIEW:

Reason for Delay: [Click here for the Reason for Delay Guidelines](#)

STUDENT NAME:

NYC ID:

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS
EVALUATION RESULTS (INCLUDING FOR SCHOOL-AGE STUDENTS, PERFORMANCE ON STATE AND DISTRICT-WIDE ASSESSMENTS)
ACADEMIC ACHIEVEMENT, FUNCTIONAL PERFORMANCE AND LEARNING CHARACTERISTICS LEVELS OF KNOWLEDGE AND DEVELOPMENT IN SUBJECT AND SKILL AREAS INCLUDING ACTIVITIES OF DAILY LIVING, LEVEL OF INTELLECTUAL FUNCTIONING, ADAPTIVE BEHAVIOR, EXPECTED RATE OF PROGRESS IN ACQUIRING SKILLS AND INFORMATION, AND LEARNING STYLE: STUDENT STRENGTHS, PREFERENCES, INTERESTS:

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

SOCIAL DEVELOPMENT

THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S RELATIONSHIPS WITH PEERS AND ADULTS; FEELINGS ABOUT SELF; AND SOCIAL ADJUSTMENT TO SCHOOL AND COMMUNITY ENVIRONMENTS:

STUDENT STRENGTHS:

SOCIAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

PHYSICAL DEVELOPMENT

THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S MOTOR AND SENSORY DEVELOPMENT, HEALTH, VITALITY AND PHYSICAL SKILLS OR LIMITATIONS WHICH PERTAIN TO THE LEARNING PROCESS:

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

STUDENT STRENGTHS:

PHYSICAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

MANAGEMENT NEEDS

EFFECT OF STUDENT NEEDS ON INVOLVEMENT AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL STUDENT, EFFECT OF STUDENT NEEDS ON PARTICIPATION IN APPROPRIATE ACTIVITIES

STUDENT NAME:**NYC ID:**

<p>STUDENT NEEDS RELATING TO SPECIAL FACTORS</p> <p>BASED ON THE IDENTIFICATION OF THE STUDENT'S NEEDS, THE COMMITTEE MUST CONSIDER WHETHER THE STUDENT NEEDS A PARTICULAR DEVICE OR SERVICE TO ADDRESS THE SPECIAL FACTORS AS INDICATED BELOW, AND IF SO, THE APPROPRIATE SECTION OF THE IEP MUST IDENTIFY THE PARTICULAR DEVICE OR SERVICE(S) NEEDED:</p>
<p>Does the student need strategies, including positive behavioral interventions, supports and other strategies to address behaviors that impede the student's learning or that of others? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the student need a behavioral intervention plan? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>For a student with limited English proficiency, do they need a special education service to address their language needs as they relate to the IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>For a student who is blind or visually impaired, do they need instruction in Braille and the use of Braille? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>Does the student need a particular device or service to address their communication needs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In the case of a student who is deaf or hard of hearing, does the student need a particular device or service in consideration of the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>Does the student need an assistive technology device and/or service? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, does the Committee recommend that the device(s) be used in the student's home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

STUDENT NAME:**NYC ID:**

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE IF DETERMINED APPROPRIATE)
MEASURABLE POSTSECONDARY GOALS
LONG-TERM GOALS FOR LIVING, WORKING AND LEARNING AS AN ADULT
EDUCATION/TRAINING: EMPLOYMENT: INDEPENDENT LIVING SKILLS (WHEN APPROPRIATE):
TRANSITION NEEDS In consideration of present levels of performance, transition service needs of the student that focus on the student's courses of study, taking into account the student's strengths, preferences and interests as they relate to transition from school to post-school activities:

STUDENT NAME:

NYC ID:

ALTERNATE SECTION FOR STUDENTS WHOSE IEPs WILL INCLUDE SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS (REQUIRED FOR PRESCHOOL STUDENTS AND/OR SCHOOL-AGE STUDENTS WHO MEET ELIGIBILITY CRITERIA TO TAKE THE NEW YORK STATE ALTERNATE ASSESSMENT)			
MEASURABLE ANNUAL GOALS			
THE FOLLOWING GOALS ARE RECOMMENDED TO ENABLE THE STUDENT TO BE INVOLVED IN AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM, ADDRESS OTHER EDUCATIONAL NEEDS THAT RESULT FROM THE STUDENT'S DISABILITY, AND PREPARE THE STUDENT TO MEET THEIR POSTSECONDARY GOALS.			
ANNUAL GOALS WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	CRITERIA MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	METHOD HOW PROGRESS WILL BE MEASURED	SCHEDULE WHEN PROGRESS WILL BE MEASURED
			time per

SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS (INTERMEDIATE STEPS BETWEEN THE STUDENT'S PRESENT LEVEL OF PERFORMANCE AND THE MEASURABLE ANNUAL GOAL):

IEP PROGRESS REPORT

1st Progress report for this IEP

Report of Progress

Progress Towards Annual Goals

1st Progress report for this IEP

Report of Progress

Progress Towards Annual Goals

2nd Progress report for this IEP

Report of Progress

Progress Towards Annual Goals

1st Progress report for this IEP

Report of Progress

Progress Towards Annual Goals

2nd Progress report for this IEP

Report of Progress

Progress Towards Annual Goals

3rd Progress report for this IEP

Report of Progress

Progress Towards Annual Goals

1st Progress report for this IEP

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2nd Progress report for this IEP

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Progress Towards Annual Goals

3rd Progress report for this IEP

Report of Progress

Progress Towards Annual Goals

4th Progress report for this IEP

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1st Progress report for this IEP

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6th Progress report for this IEP

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7th Progress report for this IEP

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6th Progress report for this IEP

Report of Progress

Progress Towards Annual Goals

7th Progress report for this IEP

Report of Progress

Progress Towards Annual Goals

8th Progress report for this IEP

Report of Progress

Progress Towards Annual Goals

The Student's performance is approaching their promotion criteria as set forth on the current IEP: Yes No

For students who are not anticipated to meet their annual goals and/or promotion criteria: We recommend that the IEP Team be reconvened:
Yes No

STUDENT NAME:

NYC ID:

REPORTING PROGRESS TO PARENTS

Identify when periodic reports on the student's progress toward meeting the annual goals will be provided to the student's parents:

STUDENT NAME:

NYC ID:

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES					
SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS*	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED	PROJECTED BEGINNING / SERVICE DATE(S)
SPECIAL EDUCATION PROGRAM:					
RELATED SERVICES:					
SUPPLEMENTARY AIDS AND SERVICES/PROGRAM MODIFICATIONS/ACCOMMODATIONS:					
ASSISTIVE TECHNOLOGY DEVICES AND/OR SERVICES:					
SUPPORTS FOR SCHOOL PERSONNEL ON BEHALF OF THE STUDENT:					
<p>* Identify, if applicable, class size (maximum student-to-staff ratio), language if other than English, group or individual services, direct and/or indirect consultant teacher services or other service delivery recommendations.</p>					

STUDENT NAME:

NYC ID:

12-MONTH SERVICE AND/OR PROGRAM - Student is eligible to receive special education services and/or program during July/August: No

Yes

If yes:

Student will receive the same special education program/services as recommended above.

OR

Student will receive the following special education program/services:

There are 2 adults in the classroom at all times; does the child need an additional paraprofessional? Yes No

Please provide justification for recommending full-time paraprofessional:

Please provide a reason for recommending a classroom with a ratio of 6:1:1 or greater:

SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS	FREQUENCY	DURATION	LOCATION	PROJECTED BEGINNING / SERVICE DATE(S)
Click here for new Row: <input type="checkbox"/>					

For a preschool student, reason(s) the child requires services during July and August:

Placement Recommendation for July and August:

For a preschool student, reason(s) the child requires services during July and August:

STUDENT NAME:

NYC ID:

COMPENSATORY SERVICES

Compensatory Services - Does the student require additional services to address lost skills and/or lack of expected progress due to the periods of remote and blended learning beginning in March 2020? No Yes

The student does not require compensatory services for the following reason(s):

- The student made expected progress toward IEP goals and did not experience a loss in skills during blended and remote learning.
- The student benefitted from Special Education Recovery Services received during the 2021-22 school year and additional services are not required.
-

The student requires compensatory services for the following reason(s):

- The student did not make expected progress toward IEP goals during blended and remote learning and the return to in-person learning has not fully addressed this gap.
- The student experienced a loss of skills during blended and remote learning that has not been remedied since the return to in-person learning.
- The student received Special Education Recovery Services during the 2021-22 school year, but additional services are required to close gaps in expected progress toward IEP goals and to address skill loss experienced during blended and remote learning.
-

COMPENSATORY SERVICES	SERVICE DELIVERY RECOMMENDATIONS	NUMBER OF SESSIONS	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED	PROJECTED BEGINNING / SERVICE DATE(S)

COMPENSATORY SERVICES					

STUDENT NAME:

NYC ID:

<p>TESTING ACCOMMODATIONS (TO BE COMPLETED FOR PRESCHOOL CHILDREN ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL CHILDREN): INDIVIDUAL TESTING ACCOMMODATIONS, SPECIFIC TO THE STUDENT’S DISABILITY AND NEEDS, TO BE USED CONSISTENTLY BY THE STUDENT IN THE RECOMMENDED EDUCATIONAL PROGRAM AND IN THE ADMINISTRATION OF DISTRICT-WIDE ASSESSMENTS OF STUDENT ACHIEVEMENT AND, IN ACCORDANCE WITH DEPARTMENT POLICY, STATE ASSESSMENTS OF STUDENT ACHIEVEMENT.</p>		
TESTING ACCOMMODATIONS	CONDITIONS*	IMPLEMENTATION RECOMMENDATIONS**
<input type="checkbox"/> NONE		
<p>*Conditions — Test Characteristics: Describe the type, length, purpose of the test upon which the use of testing accommodations is conditioned, if applicable. **Implementation Recommendations: Identify the amount of extended time, type of setting, etc., specific to the testing accommodations, if applicable.</p>		

STUDENT NAME:

NYC ID:

<p>BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE, IF DETERMINED APPROPRIATE).</p>		
COORDINATED SET OF TRANSITION ACTIVITIES		
NEEDED ACTIVITIES TO FACILITATE THE STUDENT’S MOVEMENT FROM SCHOOL TO POST-SCHOOL ACTIVITIES	SERVICE/ACTIVITY	SCHOOL DISTRICT/AGENCY RESPONSIBLE
<p>Instruction *</p>		

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE, IF DETERMINED APPROPRIATE).		
COORDINATED SET OF TRANSITION ACTIVITIES		
NEEDED ACTIVITIES TO FACILITATE THE STUDENT'S MOVEMENT FROM SCHOOL TO POST-SCHOOL ACTIVITIES	SERVICE/ACTIVITY	SCHOOL DISTRICT/AGENCY RESPONSIBLE
Related Services *		
Community Experiences *		
Development of Employment and Other Post-school Adult Living Objectives *		
Acquisition of Daily Living Skills (if applicable)		
Functional Vocational Assessment (if applicable)		

STUDENT NAME:

NYC ID:

PARTICIPATE IN STATE AND DISTRICT-WIDE ASSESSMENTS
(TO BE COMPLETED FOR PRESCHOOL STUDENTS ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL STUDENTS)
Does the student have a severe cognitive disability, significant deficits in communication/language, and significant deficits in adaptive behavior? * <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student require a highly specialized educational program that facilitates the acquisition, application and transfer of skills across natural environments (home, school, community, and/or workplace)? * <input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPATE IN STATE AND DISTRICT-WIDE ASSESSMENTS

(TO BE COMPLETED FOR PRESCHOOL STUDENTS ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL STUDENTS)

Does the student require educational support systems such as but not limited to, assistive technology, personal care services, health/medical services, or behavioral intervention? * Yes No

The student will participate in the same State and district-wide assessments of student achievement that are administered to general education students.

The student will participate in an alternate assessment on a particular State or district-wide assessment of student achievement.

The student will participate in the same State and district-wide assessments of student achievement that are administered to general education students.

The student will participate in an alternate assessment on a particular State or district-wide assessment of student achievement.

Identify the alternate assessment:

Alternate Assessment Subjects:

Statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student:

STUDENT NAME:

NYC ID:

PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES

REMOVAL FROM THE GENERAL EDUCATION ENVIRONMENT OCCURS ONLY WHEN THE NATURE OR SEVERITY OF THE DISABILITY IS SUCH THAT, EVEN WITH THE USE OF SUPPLEMENTARY AIDS AND SERVICES, EDUCATION CANNOT BE SATISFACTORILY ACHIEVED.

FOR THE PRESCHOOL STUDENT:

Explain the extent, if any, to which the student will not participate in appropriate activities with age-appropriate nondisabled peers (e.g., percent of the school day and/or specify particular activities):

FOR THE SCHOOL-AGE STUDENT:

Explain the extent, if any, to which the student will not participate in regular class, extracurricular and other nonacademic activities (e.g., percent of the school day and/or specify particular activities):

If the student is not participating in a regular physical education program, identify the extent to which the student will participate in specially-designed instruction in physical education, including adapted physical education:

EXEMPTION FROM LANGUAGE OTHER THAN ENGLISH DIPLOMA REQUIREMENT:

No Yes - The Committee has determined that the student's disability adversely affects their ability to learn a language and

PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES

recommends the student be exempt from the language other than English requirement.

STUDENT NAME:

NYC ID:

SPECIAL TRANSPORTATION

TRANSPORTATION RECOMMENDATION TO ADDRESS NEEDS OF THE STUDENT RELATING TO THEIR DISABILITY

- None.
- Student needs special transportation accommodations/services as follows:
- Transportation from the closest safe curb location to school.
 - Adult Supervision – 1:1 Paraprofessional
 - Adult Supervision – 1:1 Nursing Services
 - Vehicle and/or Equipment Needs – Student uses Oxygen
 - Vehicle and/or Equipment Needs – Lift Bus
 - Vehicle and/or Equipment Needs – Air Conditioning
 - Vehicle and/or Equipment Needs – Student requires 2 seats
 - Vehicle and/or Equipment Needs – Student requires 3 seats
 - Vehicle and/or Equipment Needs – Ultraviolet Shield
 - Vehicle and/or Equipment Needs – Car Seat
 - Vehicle and/or Equipment Needs – Student uses walking aids
 - Vehicle and/or Equipment Needs – Student uses wheelchair (Regular Size)
 - Vehicle and/or Equipment Needs – Student uses wheelchair (Oversize)
 - Vehicle and/or Equipment Needs – Student cannot ambulate steps / requires lift
 - Vehicle and/or Equipment Needs – 5-point safety harness / safety vest
 - Vehicle and/or Equipment Needs – Other Devices or Circumstances that may require a vehicle modification and/or equipment used in the vehicle:
 - Other Accommodations – Specialized Transportation Assistant Services (Porter Services)
 - Other Accommodations – Limited Travel Time
 - Other Accommodations – Route with Fewer Students
 - Other Accommodations:
- Reason(s) why the student needs special transportation service and/or accommodations:

SPECIAL TRANSPORTATION
TRANSPORTATION RECOMMENDATION TO ADDRESS NEEDS OF THE STUDENT RELATING TO THEIR DISABILITY
<input type="checkbox"/> Student needs transportation to and from special classes or programs at another site:
PLACEMENT RECOMMENDATION
Non-Public School <input type="checkbox"/> Day <input type="checkbox"/> Residential

SUMMARY
STUDENT INFORMATION
Student Name: NYC ID: DOB: Parents Language(s) Spoken/Mode Communication:
IEP INFORMATION
Date of IEP Meeting: IEP Amendment: <input type="checkbox"/> Yes <input type="checkbox"/> No Reconvene of IEP Meeting: <input type="checkbox"/> Yes <input type="checkbox"/> No
INSTRUCTIONAL/FUNCTIONAL LEVELS
Reading: Math:
SUMMARY OF RECOMMENDATIONS
Classification of Disability:
Recommended Services:
Special Education Programs

Related Services

12-Month Services:

Special Education Programs

Participate in State and District-Wide Assessments:

The student will participate in the same State and district-wide assessments of student achievement that are administered to general education students.

If there is no class available in the recommended language of instruction, will be placed in an interim monolingual class with an alternate placement paraprofessional until is placed in an appropriate bilingual class. An alternate placement paraprofessional is bilingual in the recommended language of instruction.

Does have a Behavioral Intervention Plan?

Recommended for Specialized Transportation: None Student needs specialized transportation

School Type:

Medical Alert: The student has medical conditions and/or physical limitations which affect their learning, behavior and/or participation in school activities.

The student requires medical and/or health care treatment(s) or procedure(s) during the school day.

Accessibility:

Does the student need an accessible school building?

Does the student have limited mobility?

Does the student use a wheelchair?

Does the student use walking aids?

Compensatory Services

PROMOTION CRITERIA

CURRENT YEAR

Standard Modified **Multiple Criteria**

* English Language Arts ("ELA") Math

NEXT YEAR	
<input type="checkbox"/> Standard <input type="checkbox"/> Modified Multiple Criteria	
* <input type="checkbox"/> English Language Arts ("ELA")	<input type="checkbox"/> Math
Parent Concerns:	
OTHER OPTIONS CONSIDERED	
General Education Related Services Only Special Education Teacher Support Services Integrated Co-teaching Special Class in a community school 12:1 Special Class in a community school 12:1+1 Special Class in a community school 15:1 Special Class in a specialized school 6:1+1 Special Class in a specialized school 8:1+1 Special Class in a specialized school 12:1+1 Special Class in a specialized school 12:1+(3:1) NYSED-Approved Non Public School - Day NYSED-Approved Non Public School - Residential NYSED-Approved Non Public School - Placed by ACS Home/Hospital Instruction	
Reason(s) for Rejection:	

STUDENT NAME:

NYC ID:

DATE OF IEP MEETING:

ATTENDANCE PAGE		
PLEASE NOTE THAT YOUR SIGNATURE REFLECTS YOUR PARTICIPATION AT THE CONFERENCE AND DOES NOT NECESSARILY INDICATE AGREEMENT WITH THE INDIVIDUALIZED EDUCATION PROGRAM.		
ROLE (INDICATE IF BILINGUAL)	NAME	SIGNATURE
Related Service Provider/Special Education Teacher (Bilingual)		Member Excused Participated by telephone
General Education Teacher (Bilingual)		Member Excused Participated by telephone
Parent/Legal Guardian (Bilingual)		Member Excused Participated by telephone
District Representative (Bilingual)		Participated by telephone
Student (Bilingual)		Participated by telephone
Social Worker (Bilingual)		Participated by telephone
School Psychologist (Bilingual)		Member Excused Participated by telephone
Licensed Physician (Bilingual)		Participated by telephone
Parent Member (Bilingual)		Member Excused Participated by telephone
Translator (Bilingual)		Participated by telephone
Other: (Bilingual)		Participated by telephone

ATTENDANCE PAGE		
Other: (Bilingual)		Participated by telephone
Other: (Bilingual)		Participated by telephone
Other: (Bilingual)		Participated by telephone
Other: (Bilingual)		Participated by telephone
Other: (Bilingual)		Participated by telephone