

MONROE #1 BOCES CSE MEETING SUMMARY

Student Name		DOB	
Classification		District	
Current Program		Date	

Program Review
 Reevaluation
 Annual Review

<u>Attendance:</u> _____ _____ _____ _____

Related Services School Year:		Related Services Summer (year):	
Program:		Program:	

	# of Sessions	G/I/C		# of Sessions	G/I/C
<input type="checkbox"/> Day Treatment			<input type="checkbox"/> Day Treatment		
<input type="checkbox"/> Enhanced Model			<input type="checkbox"/> Enhanced Model		
<input type="checkbox"/> Speech Therapy			<input type="checkbox"/> Speech Therapy		
<input type="checkbox"/> Occupational Therapy			<input type="checkbox"/> Occupational Therapy		
<input type="checkbox"/> Physical Therapy			<input type="checkbox"/> Physical Therapy		
<input type="checkbox"/> Music Therapy			<input type="checkbox"/> Music Therapy		
<input type="checkbox"/> Counseling			<input type="checkbox"/> Counseling		
<input type="checkbox"/> Behavior Specialist			<input type="checkbox"/> Behavior Specialist		
<input type="checkbox"/> Nursing			<input type="checkbox"/> Nursing		
<input type="checkbox"/> Tutoring			<input type="checkbox"/> Tutoring		
<input type="checkbox"/> 1:1 Aide			<input type="checkbox"/> 1:1 Aide		
<input type="checkbox"/> 1:1 Teaching Assistant			<input type="checkbox"/> 1:1 Teaching Assistant		
<input type="checkbox"/> O&M			<input type="checkbox"/> O&M		
<input type="checkbox"/> OATS			<input type="checkbox"/> OATS		
<input type="checkbox"/> Teacher of the Deaf			<input type="checkbox"/> Teacher of the Deaf		
<input type="checkbox"/> Vision			<input type="checkbox"/> Vision		
<input type="checkbox"/> Job Coach			<input type="checkbox"/> Job Coach		
<input type="checkbox"/> Specialized Reading			<input type="checkbox"/> Specialized Reading		
<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____		

Comments/Discussion:

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