**Lewis and Clark School P12X**

**2555 Tratman Avenue**

**Bronx, New York 10461**

 **The New York City Phone 718-409-9040**

 **Department of Education**  **Fax 718-931-8121** **Email:**75X012@schools.nyc.gov

 **Website:** **TheLewis****andClarkSchool.org**

#### Dr. Kuvana Jones, Principal Cesar Nina, Assistant Principal

P12X Site Visit Log

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

Visit Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Staff : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classification: □ 6.1.1 □ 8.1.1 □ 12.1.1 □ Other: \_\_\_\_\_\_

Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent Date

Parent Questions/Concerns:

|  |  |  |  |
| --- | --- | --- | --- |
| □ Occupational Therapy  | □ Physical Therapy  | □ Speech Services  | □ Counseling  |
| □ Curriculum | □ Class Schedule  | □ Vocational Training  | □ Transition Services  |
| □ Parent Workshops | □ Teacher Certification  | □ Para Training  | □ Class Size  |
| □ Class Composition  | □ Boy/Girl Ratio  | □ Recess Time  | □ Lunch/Cafeteria time  |
| □ Afterschool Programs  | □ Sensory Gym  | □ Sensory Diet | □ # of students in school |
| □ # of classes available | □ Use of Technology  | □ Field Trips  | □ Work Sites  |
| □ Air Conditioning  | □ Busing  | □ Travel Training  | □ Behavior Issues  |
| □ # of PD’s a year for staff  | □ Trainer for the PD’s  | □ Levels of Functioning  | □ Communication |
| □ ADL Skills  | □ Other: \_\_\_\_\_\_\_\_\_\_\_\_ | □ Other: \_\_\_\_\_\_\_\_\_\_\_\_ | □ Other: \_\_\_\_\_\_\_\_\_\_\_\_ |

Classes Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questions/Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of Staff conducting tour Date