**Lewis and Clark School P12X**

**2555 Tratman Avenue**

**Bronx, New York 10461**

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**Department of Education**  **Fax 718-931-8121** [**Email:**75X012@schools.nyc.gov](mailto:Email-75X012@schools.nyc.gov)

**Website:** [**TheLewis**](mailto:P12xeagles@gmail.com)**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