

Minutes

Student Name: _____ **Date:** _____ **Page:** _____

Medical needs: _____

Evaluation data: _____

Eligibility determination: _____

Reevaluation and information needed, if applicable:

Minutes

Student Name: _____ **Date:** _____ **Page:** _____

Goals/objectives mastered, not mastered, continued/Development of new goals/objectives: _____

Classroom accommodations/modifications needed:

System wide testing: _____

Consideration of special factors: _____

Minutes

Student Name: _____ **Date:** _____ **Page:** _____

Placement discussed:

Access to general curriculum:

Recoupment/Regression/Extended School Year:

Parent progress reports:

Promotion criteria:

Discipline procedures: _____

Minutes

Student Name: _____ **Date:** _____ **Page:** _____

Transition service plan, if applicable (14 yrs-course of study): _____

Parent rights:

Document reports given to parent/mailed:
