

JOHNSTON PUBLIC SCHOOLS

Special Services

TEAM MEETING:

DATE: ___/___/___

Evaluation/Eligibility Team
 Phone conference
 Individualized Education Plan (IEP) Team
 Service Plan (SP) Team
 Case Review/Conference
 Other _____

STUDENT: _____	D.O.B.: ___/___/___	GRADE: _____
SCHOOL: _____	CASE MANAGER: _____	

SIGNATURES OF ATTENDANCE:

LEA/CHAIR	SP EDUCATOR	
PARENT	SLP	
PARENT	OT	
STUDENT	PT	
SOCIAL WORKER	GUIDANCE	
GEN EDUCATOR	OTHER	
ADMINISTRATOR	OTHER	

PURPOSE/DISCUSSION:

	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
	(continued on page 2)

<p>RECOMMENDATIONS & FOLLOW-UP:</p> _____ _____ _____ _____	<p>BY:</p> _____ _____ _____ _____
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COMPLETED BY: _____

