

Initial / Re-eval

Student Name: _____

Sixty Days: _____

Title	Individual	Monday	Tuesday	Wednesday	Thursday	Friday
Parent						
Student (14+)						
Principal						
Prog Coord: Init						
Reg Ed						
Spec Ed						
Title I						
Reading Spec						
Psychologist						
Social Worker						
SLP						
OT						
PT						
Voc. Coordinator						
Other:						

**CHECK TO SEE IF STUDENT HAS ANY RELATED SERVICES,
INVITE SERVICE PROVIDER TO MEETING.**

Meeting Time Confirmation

Date, Day, Time and Location _____

Information	Confirmed
Parents _____	phone/email
Principal _____	phone/email
Program Coordinator _____	phone/email
Psychologist _____	phone/email
Social Worker _____	phone/email
Special Education Teachers _____	phone/email
_____	phone/email
General Education Teachers _____	phone/email
_____	phone/email
Speech _____	phone/email
OT _____	phone/email
PT _____	phone/email
Other _____	phone/email
_____	phone/email
_____	phone/email
Notice Sent on _____	
2 nd Notice Sent on _____	
Telephone Notice on _____	