

State Report to Follow? Yes or No

Student Move In

Initial Eligibility Initial IEP

CONFERENCE REPORT

A copy of Procedural Safeguards was given _____
 Initial Parental Consent Date: _____ (Date)

Conference Date: _____

Student Last Name:	Parent(s)/Guardian(s) Name:	Reevaluation Date:
First Name/Middle Name:	Address (if different):	Resident District Number:
Address:	Phone (if different):	Resident School Name:
Home Phone:	Language/Mode of Communication (Parent):	Current Grade:
Birthdate:	Language/Mode of Communication (Student):	SIS Number:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Medical Number:

Check all that apply: **PURPOSE OF CONFERENCE**
 Identification of Needed Assessments Eligibility IEP FBA/BIP Transition Graduation Manifestation Determination Other:

Signature indicates attendance.

		Eligibility IEP		PARTICIPANTS		Eligibility IEP	
Student:	<input type="checkbox"/> <input type="checkbox"/>	Principal:	<input type="checkbox"/> <input type="checkbox"/>				
Parent:	<input type="checkbox"/> <input type="checkbox"/>	Speech Language:	<input type="checkbox"/> <input type="checkbox"/>				
Parent:	<input type="checkbox"/> <input type="checkbox"/>	Social Worker:	<input type="checkbox"/> <input type="checkbox"/>				
LEA Representative:	<input type="checkbox"/> <input type="checkbox"/>	Occupational Therapist:	<input type="checkbox"/> <input type="checkbox"/>				
General Ed Teacher:	<input type="checkbox"/> <input type="checkbox"/>	Physical Therapist:	<input type="checkbox"/> <input type="checkbox"/>				
Special Ed Teacher:	<input type="checkbox"/> <input type="checkbox"/>	Psychologist:	<input type="checkbox"/> <input type="checkbox"/>				

Document the attempts made to arrange a mutually agreeable time and place to meet, if parents did not attend.

- Ethnic Code**
- 11 - Hispanic or Latino
 - 12 - American Indian or Alaska Native
 - 13 - Asian
 - 14 - Black or African American
 - 15 - Native Hawaiian or Other Pacific Islander
 - 16 - White
 - 17 - Two or More Races

Submit Indicator 13 Attachment on students 14 1/2 and above

<input type="radio"/> Cross Categorical	<input type="radio"/> Speech Only	<input type="radio"/> CAB	<input type="radio"/> ELS	<input type="radio"/> SOWIC ED	<input type="radio"/> JEF	<input type="radio"/> ECE	<input type="radio"/> PDP EDP IDP (Troy Only)
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Teacher: _____

CONCLUSION

Yes NA Parent(s) given a copy of the IEP. Serving District/Coop: _____
 Yes NA Parent(s) given a copy of the eligibility determination.
 Yes NA Parent(s) given a copy of the district's behavioral intervention policy. Serving School Name: _____
 Yes NA Parent(s) given a copy of the district's behavioral intervention procedures (initial IEP only).

Persons responsible for implementing goals and services will be notified of their responsibilities in accordance with district policy and procedures by:

FACTS

LANGUAGE	ETHNIC	BILINGUAL SPECIAL EDUCATION			ANTICIPATED SERVICES POST SECONDARY	FUND	PRIVATE FACILITY	DISABILITY	RELATED SERVICES	% OUT GEN ED	EE	% GEN ED	% SPEC ED	TERM	BEGIN DATE	EXIT DATE	REASON FOR EXIT	RBP	SECTION 14-7.0 ELIGIBILITY			
		S	A	I															T	P	I	

SOWIC use: Update Tuition List _____ Class Roster _____ Staffing Roster: _____ Update lePoint: _____

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