SUMMARY OF CONFERENCE NOTES

Student's Name_____ School_____ Date_____

(check type of conference)
_____ Team case conference to determine assessment action
_____ Team case conference to summarize assessment information on IEP
_____ Conference to review IEP
_____ Other_____

Summary of Conference:

_____

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SIGNATURES OF THOSE PARTICIPATING IN DISCUSSION / CONFERENCE

Name	Position	Name	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Copies: Diagnostic Folder
Parent

Revised 01-04-02