

## School Administrative Unit #24

Districts of:

Stoddard

Henniker

Weare

John Stark

### TEAM MEETING SIGN-IN

Date:

Student Name:

School:

Date of Birth:

Grade:

Location:

Time:

Purpose of Meeting:

- |  |  |
|--|--|
| <input type="checkbox"/> Development of Evaluation Plan              | <input type="checkbox"/> Disposition of Referral     |
| <input type="checkbox"/> Initial Eligibility Determination           | <input type="checkbox"/> Extended School Year        |
| <input type="checkbox"/> Re-Evaluation Eligibility Determination     | <input type="checkbox"/> Transition                  |
| <input type="checkbox"/> Individual Education Plan (IEP) Development | <input type="checkbox"/> Manifestation Determination |
| <input type="checkbox"/> IEP Annual Review                           | <input type="checkbox"/> Parent Request              |
| <input type="checkbox"/> IEP Amendment                               | <input type="checkbox"/> Progress Review             |
| <input type="checkbox"/> Placement                                   | <input type="checkbox"/> Other:                      |

Print Name

Initial

Position/Role and Certification if needed

_____	Parent/Guardian/Surrogate/Adult Student
_____	Local Educational Agency Representative
_____	Special Education Teacher/Case Manager
_____	Regular Education Teacher
_____	Individual who can interpret instructional implications of evaluation results
_____	Student (when appropriate)
_____	
_____	
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## **MEETING MINUTES**

Discussion:

Meeting Determinations: