

CONFERENCE SUMMARY

New Student Continuing Student

Type of Conference: Initial CC after re-evaluation Revise IEP
 Move-in Manifestation Determination ACR

IEP Duration: to Case Conference/Revise IEP Date: Initial Eligibility Date:

STUDENT INFORMATION

Student Name: DOB: M F Grade:

STN: Home Corporation: Home School:

Placement School: By Parent By Public Agency

Ethnicity: American Indian/Alaskan Asian Black American Caucasian
 Hispanic Other

Student resides with Parent/Legal Guardian: Yes No

If NO, state Name: Relationship:

Educational Surrogate Parent:

Parent/Legal Guardian: Relationship:

Address: City/Zip Code:

Home Phone: Cell Phone: Emergency Phone:

Primary Eligibility: Secondary Eligibility: LRE Code:

Teacher of Record(s): Teacher of Service:

Only a student with Secondary Eligibility of LSI will have multiple TORs

- Assessment ILEARN/IREAD/ECA (no accommodation)
- Participation: ILEARN/IREAD/ECA (with accommodations)
- Including Reading Comprehension: TTS Screen Reader TTS Human Reader (all)
- Excluding Reading Comprehension: TTS Screen Reader TTS Human Reader
- Ext. Time Speech-to-text Scribe Word Prediction ASL Closed Cap. Hard of Hearing
- Braille (Paper) Braille (Online) Large Print Paper Format Alt. Response Read Aloud
- Mult. Table (Gr. 3-8) Calculator Hund. Chart (Gr. 3-8) Spanish Bilingual Dict. Print on Demand
- Small Group Individual Permissive Mode Asst. Tech. Streamline Other:
- ISPROUT/Alternate Assessment/I AM
- SAT

RELATED SERVICES

Student has NO related services (must match IEP)

Special Transportation (form included with IEP) Occupational Therapy Interpreter

Physical Therapy Social Work Services Orientation and Mobility Audiology