

CONFERENCE SUMMARY

<input type="checkbox"/> New Student		<input type="checkbox"/> Continuing Student	
Type of Conference:	<input type="checkbox"/> Initial	<input type="checkbox"/> CC after re-evaluation	<input type="checkbox"/> Revise IEP
	<input type="checkbox"/> Move-in	<input type="checkbox"/> Manifestation Determination	<input type="checkbox"/> ACR
IEP Duration:	to	Case Conference/Revise IEP Date:	

STUDENT INFORMATION			
Student Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F	Grade:
STN:	Home Corporation:	Home School:	
Placement School:	<input type="checkbox"/> By Parent		<input type="checkbox"/> By Public Agency
Ethnicity:	<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> Black American
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Caucasian	
	<input type="checkbox"/> Other		
Student resides with Parent/Legal Guardian:	<input type="checkbox"/> Yes		<input type="checkbox"/> 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:		
Teacher of Record(s):	Teacher of Service:		
Only a student with Secondary Eligibility of LSI will have multiple TORs			

LRE Code: Assessment Participation: ILEARN/IREAD/ECA (no accommodations)
 ILEARN/IREAD/ECA (with accommodations)

Read Aloud (paper) Text-to-Speech Human Reader
 Ext. Time Speech-to-text Scribe ASL Closed Captioning
 Braille (Paper) Braille (Online) Large Print Paper Format
 Multiplication Table (Gr. 3-8) Calculator Hundreds Chart (Gr. 3-8)
 Small Group Individual Other:
 ISPROUT/Alternate Assessment/I AM

RELATED SERVICES			
<input type="checkbox"/> Student has NO related services (must match IEP)			
<input type="checkbox"/> Special Transportation (form included with IEP)	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Interpreter	
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Social Work Services	<input type="checkbox"/> Orientation and Mobility	<input type="checkbox"/> Audiology

Additional Information: