

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 (embedded)     Word Prediction (non-embedded)
- 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