School District Name:

School District Address:

School District Contact Person/Phone #:

Attendance Sheet

Special Education Team Meeting

DATE: _____

Student Name: _____ **DOB:** _____ **ID#:** _____

Purpose of Meeting: Check all boxes that apply.

- ☐ Eligibility Determination
  - ☐ Initial Evaluation
  - ☐ Reevaluation
- ☐ IEP Development
  - ☐ Initial
  - ☐ Annual Review
  - ☐ Other: _____
- ☐ Placement

Print Names of Team Members	Print Roles of Team Members	Initial if in attendance

Attachment to N3