Date of conference: _____

CASE CONFERENCE REPORT/IEP

I. PURPOSE OF CONFERENCE:

Purpose: _____

Conference requested by: _____

II. IDENTIFYING INFORMATION:

Student Name: _____ Student Test Number: _____

DOB: _____ Age: _____ Gender: _____ Grade: _____ Ethnicity: _____

Parent/Guardian/Surrogate Name 1: _____

Parent Email Address: _____

Parent/Guardian/Surrogate Address 1: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Emergency Phone: _____

Parent/Guardian/Surrogate Name 2: _____

Parent Email Address: _____

Parent/Guardian/Surrogate Address 2: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Emergency Phone: _____

Legal Custody Status: _____

Home School Corp.: _____ Home School: _____

Attending School: _____ Private School/Homeschooled? ☐ Yes ☐ No

Reason child is not attending home school/home school corp.: _____

Last Evaluation Date: _____ Date of Initial Eligibility: _____ Primary Language: _____

District will bill for Medicaid Reimbursement: ☐ Yes ☐ No

If this student is age 3 - 5, was the student referred from First Steps? ☐ Yes ☐ No

If yes, the Early Childhood Transition Data must be entered.

III. INDIVIDUALS PARTICIPATING IN CONFERENCE:

Attended	Excused	Name	Title
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