# Attendance Sheet

# Special Education Team Meeting

**Meeting Date:**

|  |
| --- |
| **Student Information** |
| Student Name:       | Student Date of Birth:       |
| Student ID#:       | Grade Level:       |

|  |
| --- |
| **Purpose of Meeting -** *Check all that apply* |
| [ ] Eligibility Determination [ ] Initial Evaluation [ ] Reevaluation | [ ] IEP Development [ ] Initial [ ] Annual Review [ ] Other:       | [ ] Placement |

|  |  |  |
| --- | --- | --- |
| **Name of Team Members** | **Role of Team Member** | **Initial if in attendance** |
|       |       |  |
|       |       |  |
|       |       |  |
|       |       |  |
|       |       |  |
|       |       |  |
|       |       |  |
|       |       |  |
|       |       |  |
|       |       |  |
|       |       |  |