# Attendance Sheet

# Special Education Team Meeting

**Meeting Date:**

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

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

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