

SEPARATE PROGRAMMING CONFERENCE DECISION FORM /
NOTICE OF DECISION

Child: _____ Conference Date: _____

Public Agency: _____

IEP Team Attendee Signatures

Titles

_____	_____
_____	_____
_____	_____
_____	_____

(Public Agency Official/Designee)

1. Identify the condition(s) which necessitated this conference: _____

2. The following information was reviewed and discussed [check those that apply]:

- | | |
|---|---|
| <input type="checkbox"/> Classroom/home observation reports | <input type="checkbox"/> Individual test results |
| <input type="checkbox"/> Teacher reports/report cards | <input type="checkbox"/> Independent evaluation reports |
| <input type="checkbox"/> School permanent records/medical reports | <input type="checkbox"/> Parent, child and/or service provider information |
| <input type="checkbox"/> Disciplinary records | <input type="checkbox"/> Group/individual achievement/developmental test scores |
| <input type="checkbox"/> Current IEP | <input type="checkbox"/> Skill regression/recoupment information |
| <input type="checkbox"/> Classroom-based assessment results | <input type="checkbox"/> Child's response to scientifically based intervention in the classroom |
| <input type="checkbox"/> Medicaid/Insurance billing | |
| <input type="checkbox"/> Existing evaluation data | |
| <input type="checkbox"/> Development screening results (3-5) | |
| <input type="checkbox"/> Other _____ | |

(specify)

3. Additional relevant data/information considered: _____

4. Decision(s) of team and actions to be taken: _____

*Note: Changes in the child's program and/or placement must be the result of team review of the IEP.

5. Professional(s) designated responsible for implementing decision(s): _____

Notification date: _____ given in conference mailed