

CONFERENCE SUMMARY REPORT Conference Date: _____

Purpose Of Conference (Check All That Apply)

- | | | | | |
|--|---|--|---|---------------------------------|
| <input type="checkbox"/> Review of Existing Data | <input type="checkbox"/> Initial IEP | <input type="checkbox"/> Manifestation Determination | <input type="checkbox"/> IEP Addendum | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Initial Eligibility | <input type="checkbox"/> IEP Annual Review/Revision | <input type="checkbox"/> Graduation | <input type="checkbox"/> Termination of Placement | |
| <input type="checkbox"/> Reevaluation | <input type="checkbox"/> Transition | <input type="checkbox"/> Transfer-In | <input type="checkbox"/> FBA/BIP | |

Student Identification Information

Student Last Name: _____		Grade Placement: _____	School Year: _____
First Name/Middle Name: _____		Home School: _____	
Address: _____		Serving School: _____	
Gender: _____	Birthdate: _____	Grade Placement: _____	School Year: _____
Ethnicity: _____	Student Phone: _____	Home School: _____	
Parent/Guardian: _____		Serving School: _____	
Address: _____		Resident District: _____	
Home Phone: _____	Work Phone: _____	Serving District: _____	
Other Parent/Guardian: _____		Initial Consent for Evaluation Date: _____	
Address: _____		Annual Review Due Date: _____	
Language/Mode of Communication (Student): _____		Triennial Reevaluation Due Date: _____	
Language/Mode of Communication (Parent): _____		Extended School Year: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIS Number: _____	Placement is in home school. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medicaid Number: _____	Placement: _____		
Primary Eligibility: _____	Anticipated Date of High School Graduation: _____		
Secondary Eligibility: _____			

PARTICIPANTS

Signature indicates attendance. Check appropriate boxes to indicate which meetings were attended. Anyone serving in a dual role should indicate so on the following lines.

Eligibility	IEP		Eligibility	IEP	
<input type="checkbox"/>	<input type="checkbox"/>	Student: _____	<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapist: _____
<input type="checkbox"/>	<input type="checkbox"/>	Parent/Guardian: _____	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapist: _____
<input type="checkbox"/>	<input type="checkbox"/>	Parent/Guardian: _____	<input type="checkbox"/>	<input type="checkbox"/>	School Psychologist: _____
<input type="checkbox"/>	<input type="checkbox"/>	LEA Representative: _____	<input type="checkbox"/>	<input type="checkbox"/>	Nurse: _____
<input type="checkbox"/>	<input type="checkbox"/>	General Education Teacher: _____	<input type="checkbox"/>	<input type="checkbox"/>	Special Education Administrator/Director/Designee: _____
<input type="checkbox"/>	<input type="checkbox"/>	Special Education Teacher: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bilingual Specialist <input type="checkbox"/> Interpreter
<input type="checkbox"/>	<input type="checkbox"/>	Principal: _____	<input type="checkbox"/>	<input type="checkbox"/>	General Education Teacher: _____
<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language Pathologist: _____	<input type="checkbox"/>	<input type="checkbox"/>	General Education Teacher: _____
<input type="checkbox"/>	<input type="checkbox"/>	Social Worker: _____	<input type="checkbox"/>	<input type="checkbox"/>	General Education Teacher: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify name and title): _____	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify name and title): _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify name and title): _____	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify name and title): _____

Document the attempts made to arrange a mutually agreeable time to meet.

1. _____ 2. _____ 3. _____

PROCEDURAL SAFEGUARDS

Explanation of Procedural Safeguards provided to/reviewed with the parent(s):(date)_____ (Parent/Guardian Initial):_____

Transfer of Rights - Seventeen-year old student informed of his/her rights that will transfer to the student upon reaching age 18: Yes NA
 Yes NA Student has signed Release of Information form (See Attached).

Parent(s) were given a copy of the:

- | | |
|---|--|
| <input type="checkbox"/> IEP. | <input type="checkbox"/> District's behavioral intervention policy. |
| <input type="checkbox"/> Evaluation report and eligibility determination. | <input type="checkbox"/> District's behavioral intervention procedures (initial IEP only). |

BASSC: Belleville Area Special Services Cooperative Phone: (618) 355-4700
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