

Meeting Summary Report

Student Information

Name:	Birth Date:	ID#:	Gender:
Address:			Home #: Grade:
Guardian:	Relation:		Work#:
Guardian:	Relation:		Work#:

Meeting Information

Date:	Team:	Decision:
Reason:		
Participants:		
Comments:		

Student Strengths, Preferences, Interests

Category:
Sub-Category: Reading Comprehension

Comments:

Areas of Concern

The team's recommendations are as follow:

Recommendations