

| Student Name:        |                   |        |  | Title                | ✓        | Name                             |
|----------------------|-------------------|--------|--|----------------------|----------|----------------------------------|
| Meeting Date:        |                   |        |  | Parents              |          |                                  |
| Birth date:          | Age:              | Grade: |  | Classroom Teacher    |          |                                  |
| Gender:              | Primary Language: |        |  | Principal            |          | Jay Marden                       |
| School History       |                   |        |  | School Counselor     |          | Veronica Craft                   |
| Kindergarten:        |                   |        |  | School psychologist  |          | Karen Neville                    |
| First:               |                   |        |  | Other                |          |                                  |
| Second:              |                   |        |  | SLP                  |          | Cathy Truesdell                  |
| Third:               |                   |        |  | OT                   |          | Pattie Jansen                    |
| Fourth:              |                   |        |  | School Nurse         |          | Melissa Anderson                 |
| Fifth:               |                   |        |  | Director Special Ed  |          | Steve Gonzalez                   |
|                      |                   |        |  | ESL/ Reading support |          | Julie Larimer                    |
|                      |                   |        |  | RSP                  |          | Gretchen Romani<br>Melissa Buche |
| Student Strengths:   |                   |        |  |                      |          |                                  |
| Known Information:   |                   |        |  |                      |          |                                  |
| Areas of Concern:    |                   |        |  |                      |          |                                  |
| Modifications:       |                   |        |  |                      |          |                                  |
| Possible Strategies: |                   |        |  |                      |          |                                  |
| Action               |                   |        |  | Responsible Person   | Due Date |                                  |
|                      |                   |        |  |                      |          |                                  |
|                      |                   |        |  |                      |          |                                  |
|                      |                   |        |  |                      |          |                                  |
| Follow-Up:           |                   |        |  | Reports Due:         |          |                                  |