School District Name:

School District Address:

School District Contact Person/Phone #:

Attendance Sheet

Special Education Team Meeting

DATE: _____

Student Name: _____ **DOB:** _____ **ID#:** _____

Purpose of Meeting: Check all boxes that apply.

☐ Eligibility Determination
- ☐ Initial Evaluation
- ☐ Reevaluation

☐ IEP Development
- ☐ Initial
- ☐ Annual Review
- ☐ Other: _____

☐ Placement

Print Names of Team Members	Print Roles of Team Members	Initial if in attendance

Attachment to N3