



School: _____

Case Conference Committee Report

Case Conference Committee Report

Date of Report: _____

Individual Education Program

Effective Dates: _____ File Date: _____

Student: _____ **STN:** _____

Date of Birth: _____ Age: _____ Current Grade: _____ Gender: _____

Guardian Information

Relation:
Name:
Business Phone:
Home Phone:
Mobile Phone:
Address:

Relation:
Name:
Business Phone:
Home Phone:
Mobile Phone:
Address:

Purposes of Conference

Case Conference Meeting Scheduled

Date: _____ Time: _____ Place: _____

Evaluation Information and Student Data

Strengths of the student: _____

Response to instructional strategies and research-based interventions:

Progress Monitoring Data:

Educational Evaluation Report:

Present Level of academic and functional performance:

Student Name: _____

Conference Date: _____

Post Secondary Goals

- Regarding employment after high school I will: _____
- Regarding education and training after high school I will _____
- Regarding independent living after high school I will _____

Anticipated date of Graduation: _____ **Certificate** _____ **Diploma**

Participation in Testing

_____ Student will be assessed using iStar for: _____ Academic Competence
 _____ Independent Functioning

_____ Student will be assessed using _____ ISTEP+ _____ End of Course Assessments

_____ Math
 _____ Accommodations: _____
 _____ Language Arts
 _____ Accommodations: _____
 _____ Science
 _____ Accommodations: _____
 _____ Social Studies
 _____ Accommodations: _____

Reasons for the determination of participation in testing:

Plan for participation in district-wide, national or international assessments:

Goals

Needs that will be addressed through IEP Goals: _____

Goal Title	Annual Goal Statement (with criteria):	To Support	Method/Instrumentation for Measuring Progress:	Progress Monitoring Design:
		<input type="checkbox"/> Employment Skills <input type="checkbox"/> Education/Training <input type="checkbox"/> Independent Living		
		<input type="checkbox"/> Employment Skills <input type="checkbox"/> Education/Training <input type="checkbox"/> Independent Living		
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		<input type="checkbox"/> Employment Skills <input type="checkbox"/> Education/Training <input type="checkbox"/> Independent Living		
		<input type="checkbox"/> Employment Skills <input type="checkbox"/> Education/Training <input type="checkbox"/> Independent Living		

Accommodations

The following accommodations have been selected for state assessment purposes and must be provided on a regular basis: _____

Student Name: _____

Conference Date: _____