

CPSE/CSE IEP MEETING RECORD OF ATTENDANCE

Child's Name: _____ Age: _____ Current Placement: _____

Meeting Date: _____ Time: _____ Location: _____

Child is diagnosed with: _____

Classification: _____

Meeting start time: _____ **Meeting end time:** _____ **Meeting will reconvene on:** _____

Introductions made Attendance sheet passed around Parent signed Parent did not sign _

Attendance:

<u>Mandatory members of CSE:</u>	<u>Mandatory members Subcommittee CSE:</u>	<u>Mandatory members of CPSE</u>
1. parents	1. parents	1. parents
2. at least one regular education teacher (if child in regular ed environment at all)	2. at least one regular education teacher (if child is/may participate in regular education)	2. at least one regular education teacher (if child is in a regular education environment at all)
3. at least one special education teacher	3. at least one special education teacher	3. at least one special education teacher
4. school psychologist	4. representative of the school district qualified to provide or supervise special ed AND knowledgeable about general ed curriculum	4. representative of the school district both qualified to provide or supervise special ed AND knowledgeable about general ed curriculum
5. representative of the school district both qualified to provide or supervise special ed AND knowledgeable about general ed curriculum	5. school psychologist	5. person who can interpret evaluation results
6. person who can interpret evaluation results	6. person who can interpret evaluation results	6. additional parent member - - can waive; THIS IS NOT A PARENT ADVOCATE!
7. school physician if requested at least 72 hours before meeting	7. others with knowledge or special expertise of the child	7. other persons without special expertise or knowledge of the child - - you can invite family, friends, and/or people who work with your child
8. additional parent member - - can waive; THIS IS NOT A PARENT ADVOCATE!	8. student (if appropriate)	8. if child has been in EI, representative from the agency responsible for the preschool child
9. other persons without special expertise or knowledge of the child - - you can invite family, friends, and/or people who work with your child		9. representative of the municipality of the preschool child's residence
10. student (if appropriate)		

- Parent(s): _____
- Surrogate Parent: _____
- Parent Member: _____
- CSE Chairperson: _____
- CPSE Chairperson: _____
- Dir. of Special Ed: _____
- District Administrator: _____
- Municipality: _____
- School/Provider: _____
- Provider Administrator: _____
- Special Ed Teacher: _____
- Regular Ed Teacher: _____
- Psychologist: _____
- SLP: _____
- OT: _____
- PT: _____
- Attorney for parent: _____
- Attorney for district: _____
- Advocate: _____
- Other: _____
- Other: _____