HULL PUBLIC SCHOOLS OFFICE OF STUDENT SERVICES

Team Meeting Summary

| Student: | School: | Grade: |
|-------------------------------------|----------------------------------|--------|
| Team Meeting Chairperson: | Team Meeting Date: | |
| | Evaluation 3 Year Reevaluation 3 | |
| Person completing this form: | | |
| ParentConcerns: | | |
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| Results/Report of Progress/Issues I | | |
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| Team's Vision: | | |
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| Additional Information: | | |
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| Team Meeting Summar | ry Page 2 | | |
|---|----------------------------------|------------------------------------|--|
| Eligibility Determination | on: (Initial/Reevaluation) | Disability type(s): | |
| Effective Progre How the area of disabil | | oculum areas and 'other' educa | ational areas: |
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| Major Goal Areas: (Tr | ansition starting at age 14) | | |
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| Classroom Accommoda | ations/MCAS Accommodat | ions: | |
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| | Servio | ce Delivery Grid | |
| Type of Service(s) (Academic Support/Reading/ Speech/OT/PT etc) | A Time Consultation/ | B Time In-Class/ | C Time Out of Class (ESY by March 25 th) |
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| Bullying Discussion: | | | _ |
| At this time, the Team co | ncluded that the student is/is 1 | not lacking or deficient in social | l development and the disability |
| The Team has taken unde At this time, the Team co | ncluded that the student is/is 1 | _ | nt, disability, and language skills. Il development and the disability bullying. |