

# SETT MEETING

## PARTICIPANTS IN ATTENDANCE

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Building: \_\_\_\_\_

| PARTICIPANTS                    |      |                           |
|---------------------------------|------|---------------------------|
|                                 | Name | <u>Signature</u><br>Email |
| Case Manager/Team Leader        |      |                           |
| Assistive Technology Consultant |      |                           |
| LEA/District Representative     |      |                           |
| Teacher                         |      |                           |
| Parent                          |      |                           |
| Speech-Language Pathologist     |      |                           |
| Instructional Assistant         |      |                           |
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