

Team Meeting Sign-In Page Student: Date: Time:	I have received a copy of Notice of Procedural Safeguards—Parental Rights for Special Education. <i>If you have applied for and receive benefits from Minnesota Health Care Programs (Medical Assistance or Minnesota Care) you have given the school district consent to bill MA/MN Care for qualifying services provided by our school providers. This is to inform you that the school district will bill for health related services on your child's IEP.</i> <div style="text-align: right;">_____</div> Parent/Guardian Signature
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Signature indicates attendance at the meeting:

Signature	Title
	Parent/Guardian
	Parent/Guardian
	Student
	Special Ed. Teacher
	General Ed. Teacher
	District Designee

Agenda:

- | | |
|---|--|
| <input type="checkbox"/> Introductions
<input type="checkbox"/> Parent Rights
<input type="checkbox"/> Verify address and additional information on page 1
<input type="checkbox"/> Discuss how progress will be reported
<input type="checkbox"/> Review Progress Data & Goals
<input type="checkbox"/> Transition Goals and Needs (for grades 9-12)
<input type="checkbox"/> Services
<input type="checkbox"/> Assistive Technology Needs
<input type="checkbox"/> Special Transportation Needs | <input type="checkbox"/> Extended School Year
<input type="checkbox"/> Least Restrictive Environment
<input type="checkbox"/> Flex Days
<input type="checkbox"/> Modifications and Adaptations
<input type="checkbox"/> Support for School Personnel
<input type="checkbox"/> State Testing
<input type="checkbox"/> Graduation Requirements
<input type="checkbox"/> District-wide Testing
<input type="checkbox"/> Discuss eSignatures |
|---|--|

I understand that _____ is/are not able to be in attendance at the team meeting. I agree to have the meeting without them in attendance.

I understand their absence will not impact the student's right to a free appropriate public education, the student's ability to benefit from the program of specialized instruction, nor my ability to participate in developing the IEP.

Parent Signature

Date

