

MEETING ATTENDANCE FORM

Student's Name: _____ **DOB:** _____ **Grade:** _____

Date: _____ **Time:** _____ **School:** _____

Purpose of Meeting: ____ Initial Team Meeting ____ Parent Meeting ____ Follow-up Meeting

Title	Signature
Building Administrator/Designee	
Social Worker/Health & Human Services Coordinator	
Certified School Nurse	
Professional School Counselor	
Referring Person	
General Education Teacher	
Special Education Teacher/Child Study Team Representative	
Parent/Guardian	
Student	
School Based Youth Services Member (secondary level only)	
Support Staff:	
Support Staff:	
Support Staff:	
Community Representative:	