

# Doniphan County Education Cooperative #616

## Staffing Notes

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

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Persons in Attendance:

_____ LEA Rep.	_____ Social Worker/Facilitator
_____ Special Ed. Teacher	_____ School Psych
_____ Classroom Teacher	_____ Speech
_____ Student	_____ OT
_____ Parent	_____ PT
_____ Other	_____ Other
_____ Other	_____ Other

Purpose of Meeting: \_\_\_\_\_

Topics and Discussion: \_\_\_\_\_

Minutes of Meeting Taken by: \_\_\_\_\_ (Signature)

