



Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

WRSD TEAM PROPOSAL

Student Name:
School:

Meeting Date:
Team Chair:

Annual Team

To the Parent:

Following is a summary of the recommendations for services made by the special education team. A full Individualized Education Program (IEP) will be prepared and mailed or emailed to you for approval. Thank you for your participation in the IEP development process. We would appreciate your prompt return of the signed IEP and Placement Form to the special education office.

Goal #1 - Specific Goal Focus:

Goal #2 - Specific Goal Focus:

Goal #3 - Specific Goal Focus:

:

SERVICE DELIVERY

A. Consultation (Indirect Services to School Personnel and Parents)

Focus on Goal #	Type of Service	Type of Personnel	Frequency/Duration	Start Date	End Date
1 ▾	Team Consultation ▾	Special Education Teacher ▾	min/daily ▾		
1 ▾	Team Consultation ▾	Special Education Teacher ▾	min/daily ▾		
1 ▾	Team Consultation ▾	Speech & Language Pathologist ▾	min/daily ▾		

B. Special Education and Related Services in General Education Classroom (Direct Services)

1 ▾	Team Consultation ▾	Special Education Teacher ▾	min/daily ▾		
1 ▾	Team Consultation ▾	Special Education Teacher ▾	min/daily ▾		
1 ▾	Team Consultation ▾	Special Education Teacher ▾	min/daily ▾		

C. Special Education and Related Services in Other Settings (Direct Service)

1 ▾	Team Consultation ▾	Special Education Teacher ▾	min/daily ▾		
1 ▾	Team Consultation ▾	Special Education Teacher ▾	min/daily ▾		
1 ▾	Team Consultation ▾	Special Education Teacher ▾	min/daily ▾		
1 ▾	Team Consultation ▾	Special Education Teacher ▾	min/daily ▾		