

REQUEST FOR PLANNING AND PLACEMENT TEAM MEETING

Date Requested: _____ Requested By: _____ School: _____
Student Name: _____ DOB: _____ Student ID: _____
Schedule PPT on or before: _____ Gr: _____ Location of Meeting: _____

The purpose of this meeting is:

Initial Evaluation

- ☐ Review a referral to special education and consider/plan an initial evaluation
- ☐ Review initial evaluation results and determine eligibility for special education and if eligible develop IEP

IEP

- ☐ Conduct an Annual Review
- ☐ Conduct an Annual Review and review three-year reevaluation results to determine continued eligibility
- ☐ Review or Revise the IEP
- ☐ Review or Revise the IEP and review the three-year reevaluation results to determine continued eligibility

Non-Initial Evaluation

- ☐ Plan a targeted assessment (non-three-year evaluation)
- ☐ Review targeted assessment results
- ☐ Plan three-year reevaluation

Additional Meeting Purpose Information

Indicate any additional information that is relevant for this PPT meeting (if applicable):

- | | |
|--|---|
| ☐ Student transfer | ☐ Plan a Targeted Assessment (non-three-year reevaluation) |
| ☐ Manifestation Determination | ☐ Review Targeted Assessment Results |
| ☐ Restraint/Seclusion Review | ☐ Plan Three-Year Reevaluation |
| ☐ Parent Request | |

Transition Planning (check if applicable): ☐ The team will develop, review, or revise transition goals and objectives (transition planning)

Check only one item

- ☐ Agency representative(s) listed below invited to attend to assist in transition planning, **OR**
 - ☐ Agency representative(s) not appropriate to be invited to attend to assist in transition planning, **OR**
 - ☐ Written permission not provided to invite agency representative(s) to attend to assist in transition planning
- ☐ (check if applicable) Student will not be participating in the General Education environment

The following individuals will need to be invited to attend:

Administrator		Parent/Guardian	
Special Ed Teacher		Parent/Guardian	
Guidance		Regular Ed Teacher	
Psychologist		Social Worker	
Speech & Language		School Nurse	
Surrogate		PT and/or OT	
Student invited?	☐ Yes ☐ No	Other (Foster Parents, DCF, Principal, etc.)	
Other:		Other:	