

PINELLAS COUNTY SCHOOLS
EXCEPTIONAL STUDENT EDUCATION (ESE) DEPARTMENT
CONFERENCE REPORT: NO GENERAL EDUCATION INTERVENTIONS REQUIRED

Student Name: _____ DOB: _____ Grade: _____

Location of Conference: _____ Date of Conference: _____

I. CONFERENCE SUMMARY (Complete items prior to conference):

Vision screening date: _____ ☐ Pass ☐ Fail Hearing Screening date: _____ ☐ Pass ☐ Fail

Pre-K screening date: _____ ☐ Pass ☐ Fail

Follow up information: _____

Days absent this school year: _____ Days enrolled this school year: _____

Pertinent information regarding attendance:

REVIEW OF STUDENT RECORDS (i.e. social, psychological, medical, etc.)

INFORMATION PROVIDED BY PARENT:

STRENGTHS OF THE STUDENT:

II. REFERRAL INFORMATION: (Specific concerns regarding student progress)
LEARNING:

SOCIAL/EMOTIONAL:

INDEPENDENT FUNCTIONING:

COMMUNICATION:

III. RECOMMENDATION:

Referral for evaluation to determine eligibility for exceptional student education: ☐ No ☐ Yes

Referral to 504 Coordinator to determine eligibility for Section 504 Accommodations Plan: ☐ No ☐ Yes

If recommended, evaluations will be completed in the area(s) of concern noted above by the (title of each evaluator that will be involved) _____

The evaluator will determine appropriate evaluations to be completed. After evaluations are completed, a copy of the results will be provided to you. A meeting will be scheduled to review evaluation information, your child's progress, and consideration of Exceptional Student Education will be discussed.

Date parent provided with Consent for Evaluation and Procedural Safeguards:

PARTICIPANTS AT CONFERENCE
(your signature designates only that you have read this report)

Section 1002.20, Florida Statutes, states that parents may be accompanied by another adult of their choice at a meeting with school district personnel. School district personnel may not object to the attendance of such adult or discourage or attempt to discourage, through an action, statement, comment, or other means, the parents of students with disabilities from inviting someone of their choice. Prohibited actions include attempted or actual coercion or harassment, retaliation, or threats of consequence. The statute requires parents of students with disabilities and school district personnel to sign a document at the end of the meeting stating whether anyone from the district prohibited, discouraged, or attempted to discourage you from inviting a person of your choice.

Parent or Guardian: When signing below, please check the appropriate box in response to the following question:
Did any school personnel prohibit, discourage or attempt to discourage you from inviting a person of your choice to today's meeting?

☐ Yes ☐ No Signature of Parent/Guardian: _____ Date: _____

School District Personnel in Attendance: When signing below, please check the appropriate box in response to the following question:
 Did any school personnel prohibit, discourage or attempt to discourage the parents from inviting a person of their choice to today's meeting?

☐ Yes Signature: _____ ☐ No	Title: _____ ☐ Yes Signature: _____ ☐ No	☐ Yes Signature: _____ ☐ No	Title: _____ ☐ Yes Signature: _____ ☐ No
☐ Yes Signature: _____ ☐ No	Title: _____ ☐ Yes Signature: _____ ☐ No	☐ Yes Signature: _____ ☐ No	Title: _____ ☐ Yes Signature: _____ ☐ No
☐ Yes Signature: _____ ☐ No	Title: _____ ☐ Yes Signature: _____ ☐ No	☐ Yes Signature: _____ ☐ No	Title: _____ ☐ Yes Signature: _____ ☐ No
☐ Yes Signature: _____ ☐ No	Title: _____ ☐ Yes Signature: _____ ☐ No	☐ Yes Signature: _____ ☐ No	Title: _____ ☐ Yes Signature: _____ ☐ No

Student Name _____