

Staffing Notes

Date: _____

School: _____

Student: _____

Staff: _____

Purpose of Staffing:

- Review Disciplinary Action
- Review/Revise IEP as needed
- Other _____

Participants:

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Agency Involvement:

Name	Agency
_____	_____
_____	_____

Current Medication Information: _____

Meeting Notes:

Recommendations: