

Kearsarge Regional School District  
114 Cougar Court  
New London, NH 03257

SUMMARY OF TEAM MEETING

Student's Name: \_\_\_\_\_ NHSEIS: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Meeting:

☐ IEP Team Meeting:

☐ Other: \_\_\_\_\_

\_\_\_\_\_ NH Special Education Procedural

Safeguards were offered: Y / N

\_\_\_\_\_ Accepted Safeguards (parent Initial)

\_\_\_\_\_ Declined Safeguards (parent Initial)

Purpose of Meeting:

☐ Disposition of Referral

☐ Determination of Educational Disability / Review  
Evaluation Results

☐ Develop/Amend Individual Education Program

☐ Program / Placement

☐ Extended Year Eligibility / Placement Decision

☐ Evaluation Plan / Permission

☐ Develop Transition Services

☐ Monitor Student Progress

☐ Other: \_\_\_\_\_

TEAM MEETING ATTENDEES

Printed Name:

Signature:

Title/Position:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Team Meeting Summary

## SUMMARY OF TEAM MEETING

Student's Name: \_\_\_\_\_ NHEIS #: \_\_\_\_\_ Date: \_\_\_\_\_

Summary of Discussion: