

Student: _____ Last Name, First Name DOB: _____ mm/dd/yyyy District: _____ Meeting Date: _____ mm/dd/yyyy

PLANNING AND PLACEMENT TEAM (PPT) COVER PAGE

Current Enrolled School: _____ Age: _____ Current Grade: _____ H.S. Credits: _____ Gender: Female Male
 Home School: Yes No Specify: _____ Race/Ethnicity: Am.Ind. or Alask. Nat. Asian / Pacif. Is Black or Af.Am. White Hispanic
 School Next Year: Home School: Yes No Specify: _____ If your school district does not have its own high school, is the student attending his/her designated high school? Yes No NA
 ID#: _____ Case Manager: _____ Student Instructional Lang: English Other: (specify) _____
 Student Address¹: _____ Home Dominant Lang: English Other: (specify) _____
 Parent/Guardian (Name): _____ Student Home Phone: _____ Parent Home Phone: _____
 Parent/Guardian (Address): Same _____ Parent Work Phone: _____ Misc. Phone: _____
 Surrogate: _____ Most Recent Eval. Date: _____ Next Reevaluation Date: _____
 (Name and Address): _____ mm/dd/yyyy mm/dd/yyyy

Reason for Meeting²: Review Referral Plan Eval/Reeval Review Eval/Reeval Determine Eligibility Develop IEP
 Review or Revise IEP Conduct Annual Review Transition Planning Manifestation Determination Other(specify)

Primary Disability: Autism Emotional Disturbance Multiple Disabilities Speech or Language Impaired Other Health Impairment
 Deaf – Blindness Hearing Impairment Orthopedic Impairment Traumatic Brain Injury OHI – ADD/ADHD
 Developmental Delay (ages 3-5 only) Intellectual Disability Specific Learning Disabilities Visual Impairment To be determined

The next projected PPT meeting date is: _____

- Eligible as a student in need of Special Education (The child is evaluated as having a disability, and needs special education and related services) Yes No
- Is this an amendment to a current IEP? Yes No
If yes, what is the date of the IEP being amended? _____
- Amendments attached Yes No

Team Member Present (required)

Admin/Designee: _____ Spec. Educ. Teacher: _____ OT: _____
 Parent/Guardian: _____ School Psych: _____ PT: _____
 Parent/Guardian: _____ Social Work: _____ Agency: _____
 Surrogate Parent: _____ Speech/Lang: _____ Other: (specify) _____
 Student: _____ Guidance: _____ Other: (specify) _____
 Student's Reg. Ed. Teacher: _____ Nurse: _____ Other: (specify) _____

¹ Address of student's primary residence. ² May choose more than one