

Educational Planning Team Recommendation Form

Student Name: _____ Today's Date: _____
Student #: _____ School: _____ Grade: _____
Date of Birth: _____ Sex: _____ Race: _____ Primary Language at Home _____
Parent/Guardian Name: _____
Parent/Guardian Address: _____
Parent/Guardian Home Phone: _____ Work Phone: _____

Reason for Referral: Date: _____ Data Entry Date: _____
Reason Code(s): Learning Behavior Truancy
 Health Emotional Consider for 504 Eligibility

Statement of Student's Current Level of Performance or Area of Need:

Team Recommendations:

Academic Intervention Behavior Intervention Curriculum Change
 Counseling Intervention Teacher Change Classroom Accommodation
 Dropout Prevention Other: _____

Description of Intervention/Instructional Support:

I have received a copy of Parent Information for Students Receiving Intensive Interventions.	Parent not in attendance. Parent information for students receiving intensive interventions sent home on
Parent/Guardian: _____	Name/Title: _____
Name/Title: _____	Name/Title: _____
Name/Title: _____	Name/Title: _____

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Update/Review Progress Monitoring (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Reviewed Progress Data | <input type="checkbox"/> Referral to Outside Agency | <input type="checkbox"/> Referral for Gifted Evaluation |
| <input type="checkbox"/> Continue Intervention | <input type="checkbox"/> Referral for Section 504 | <input type="checkbox"/> Referral Psychoeducational Evaluation |
| <input type="checkbox"/> Add/Change Intervention | <input type="checkbox"/> Determine 504 Eligibility | <input type="checkbox"/> Recommend Alternative Placement |
| <input type="checkbox"/> Other: _____ | | |

Current Level of Performance:

Continuation or changes in Interventions/Instructional Support:

Participants:

Parent/Guardian: _____ Name/Title: _____

Name/Title: _____ Name/Title: _____

Name/Title: _____ Name/Title: _____

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Parent/Guardian: _____	Name/Title: _____
Name/Title: _____	Name/Title: _____
Name/Title: _____	Name/Title: _____