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## **Staffing Agenda**

- **I. Introductions:** Everyone introduce themselves and their roles.
- II. Procedural Safeguards: You should always have a copy of these with you. If it is a Re-evaluation, no need to give copy to parent. If it is an Initial, they should have received them at the RED meeting, but keep a copy with you always.
- III. Purpose for Staffing: Explain that the team will present all the evaluation data and make a determination at the end of the staffing on whether or not this child is eligible for a Special Education under IDEA.

## "The purpose for today's meeting is...."

- **IV. Begin Report:** Tell parent this is a draft and you can edit it, read background, social/development history, health (break here for observations if needed), and IQ.
- V. Team Members Report: Check often with parent for understanding and to summarize each section (i.e. academics, behavior, language, etc.)
- VI. Facilitate Discussion of where child is and is not eligible.
- VII. Summarize Determination of Disability or Ineligibility: Everyone signs eligibility determination page.
- VIII. Tell parents a Report will be sent in 15-20 days and the IEP will be scheduled within 30 days (if applicable). If this is an Initial, explain what an IEP is.

  DO NOT USE JARGON without explanation

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## Elementary (Gr. K-6) Staffing Meeting Notes for LEA

| Student:    |   | School:                  | Date:                          |
|-------------|---|--------------------------|--------------------------------|
|             | Release of Information form IEP meeting that were invited |                          |                                |
| 1. Introduc | tion of all Participants and thei                         | r Roles in the meeting   |                                |
| Name        | Role  | Name                     | Role                           |
|             | LEA (required)  |                          |                                |
|             | Case Manager  |                          |                                |
|             | (if applicable)   |                          |                                |
|             | RegEd Teacher   |                          |                                |
|             | (required)  |                          |                                |
|             | Parent/Guardian   |                          |                                |
|             |   |                          |                                |
| 2. Vision/H | earing:  Discussions:                                     | Permission to Proceed 21 | na attempt (not in attendance) |
| 3. Health:  | <u>Discussions:</u>                                       |                          |                                |
| 4. Motor:   | Discussions:  |                          |                                |

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| 5. Speech:    | <u>Discussions:</u>                    |
|---------------|--|
| ☐6. Languag   | e:<br><u>Discussions:</u>              |
| 7. Intellectu | al/Cognitive: <u>Discussions:</u>      |
| 8. Adaptive   | Behavior: <u>Discussions:</u>          |
| 9. Social/En  | notional/Behavior: <i>Discussions:</i> |

| 10. Academic Achievement: <u>Discussions:</u>                   |  |  |
|---|--|--|
|   |  |  |
|   |  |  |
| 11. Transition: <u>Discussions:</u>                             |  |  |
|   |  |  |
|   |  |  |
| 12. Assistive Technology: <u>Discussions:</u>                   |  |  |
|   |  |  |
|   |  |  |
| 13. Summary of Disability or Ineligibility: <u>Discussions:</u> |  |  |
|   |  |  |
|   |  |  |

14. Additional Discussions: