

Local Screening Committee Report

Student	ID Number	Date
School	Grade	DOB
Teacher	Date Referral Received	

Members of the Committee Present at the Meeting:

Parent	General Education Teacher
Parent	Psychologist
Principal or Designee	Special Education Teacher
	Social Worker

Others in Attendance:

Name	Relationship to student	Name	Relationship to student
_____	_____	_____	_____

Information Reviewed by the Committee (Include a Description of Each Evaluation, Assessment, Record, Intervention, or Report the Team Used as a Basis for Discussion):

Options Considered (List All Options Considered and Reason for Proposal or Rejection):

Other Factors Relevant to Committee Decision:

