

**ISP Participants**

Signature indicates attendance

NAME/TITLE	Agree	Disagree	Date	Date	NAME/TITLE	Agree	Disagree	Date	Date
Parent/Guardian					Principal/LEA Representative				
Parent/Guardian					School Psychologist				
Student					School Social Worker				
Regular Education Teacher					Director/Coordinator				
Regular Education Teacher					Private School Representative				
Special Education Teacher					Other				
Speech-Language Pathologist					Other				
Special Education Teacher					Other				

Participants must check agree/disagree boxes for L.D. eligibility only. Any participant who disagrees with the teams' decision must submit a separate statement to include in the student's record presenting his/her conclusions.

- Yes  No Explanation of Procedural Safeguards was provided to the parents with the notice of the conference. \_\_\_\_\_  
Date Mailed \_\_\_\_\_
- Yes  No Parents given copy of Conference Summary.
- Yes  No Parents given copy of the district's behavioral intervention policies.
- Yes  NA Parents given copy of the district's behavioral intervention procedures (Initial ISP only)
- Yes  No I agree to waive the requirement of a ten (10) calendar day interval before implementation of this ISP. \_\_\_\_\_

**PARENT/GUARDIAN CONTACTS MADE:**

(To be completed if parent/guardian is not present)

Date

Type

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