

Northeast Indiana Special Education Cooperative

◆ CASE CONFERENCE REQUEST ◆

To: Jonnee

From: _____

Date: _____

Subject: Setting Case Conference

Student: _____

School: _____

Reason for Conference: Initial Evaluation

Requested By: _____

PARTICIPANTS:

Case Conference Coordinator: _____

Parent: _____

Current Teacher(s): _____

Special Education Teacher/Consultant: _____

School Psychologist: _____

Guidance Counselor: _____

Speech Pathologist: _____

Special Education Administrator: _____

Mental Health Counselor: n/a

Probation: n/a **Welfare:** n/a

Other: _____