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# School Records 2018-2019

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# IEP/504

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# Behavior Plan

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# Conference Notice

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# Correspondence

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# Progress Report

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# Speech/OT/PT

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# Comprehensive Evaluation

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# Conference Notice

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# Meeting Notes

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# Contact Information

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Parents:**

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

**Alternate Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_

**Pediatrician/Primary Care Physician:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

**Psychiatrist**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

**Other:** (Therapist, Case manager, Psychologist, etc.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of MH Professional: \_\_\_\_\_

Office Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of MH Professional: \_\_\_\_\_

Office Address: \_\_\_\_\_

# Phone/Meeting Documentation

Date of Contact: \_\_\_\_\_ Type of Contact:  Telephone

Face to Face

If this was face to face contact, was your child present?  Yes

No

Person/Agency Contacted: \_\_\_\_\_

Reason for the Contact: \_\_\_\_\_

List Everyone involved in the contact (Other than yourself and your child)

Name	Position/Title

Comments:

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# Presentations Attended

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Presentation Title: \_\_\_\_\_

Notes: \_\_\_\_\_

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Presentation Title: \_\_\_\_\_

Notes: \_\_\_\_\_

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Presentation Title: \_\_\_\_\_

Notes: \_\_\_\_\_

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Presentation Title: \_\_\_\_\_

Notes: \_\_\_\_\_

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Notes: \_\_\_\_\_

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