



WILLIAMSBURG COUNTY SCHOOL DISTRICT

Office of Special Services

500 N. Academy St. Bldg. - A, Kingstree, SC 29556 843-355-5533



August 2016

IEP Staffing/Meeting Summary Notes

Student Name _____ DOB _____ Meeting Date _____

Section A - MEETING ATTENDANCE:

The following additional IEP/Staffing team members were not listed on the invitation; however, have been asked to attend the meeting by the District/Parent. By initialing below, the parent agrees to allow these additional members to attend the meeting.

Member's Position

Parent Initial

The following required IEP/Staffing team member(s) have been excused from attending the IEP/Staffing meeting. Members whose curricular area or related service will be discussed have provided the parent and the team the "In Lieu of IEP Attendance Report" for consideration in developing the IEP. By initialing below, the parent and the District fully understand and agree to allow these members to be excused.

Member's Position

Parent Initial

LEA Initial

The following members of the IEP/Staffing team attended the meeting:

Signature

Position

Date

_____	Parent	_____
_____	Student	_____
_____	LEA	_____
_____	Special Education Teacher	_____
_____	Regular Education Teacher	_____
_____	School Psychologist	_____
_____	Speech Language Provider	_____
_____		_____
_____		_____