

Planning Meeting

Date: _____

Student: _____ Date of Birth: _____

Inclusion Team Member/s (list those present):

DRE/CRE: _____

Inclusion Coordinator: _____

Parents/Guardians: _____

Consultant/s: _____

Catechist/s: _____

Aide/s: _____

Physical Needs/Provide for by...

Educational Needs/Teaching strategies...

Behavioral Needs/Behavioral strategies...

Social Interaction/Recommendations...

Signatures:

Parent/s or Guardian/s: _____ Date: _____

DRE/CRE/Inclusion Coordinator: _____ Date: _____

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