

**CHILD/FAMILY SERVICES  
SPECIAL EDUCATION MEETING RECORD**

Service Options: \_\_\_\_Center Based \_\_\_\_Home Based \_\_\_\_FCCH

Location: \_\_\_\_\_ Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Meeting (circle one):      IEP      IFSP      Special Education Meeting

Purpose of meeting \_\_\_\_\_

\_\_\_\_\_

Content summary (*brief description*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow-up plans (*specify*)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Please note: Use separate sign in sheet for special education meeting only.

Make copies for relevant staff