BRANTLEY COUNTY SCHOOL SYSTEM
Program for Exceptional Children

IEP MEETING SUMMARY

Full Name: _____ IEP Date From: _____To:_____

Date of Birth: _____Date of Meeting: _____Time: _____

Type of Staffing: ☐ Initial/Determine Eligibility ☐ Annual Review ☐ Re-Evaluation

☐ Transfer ☐ Amendment to Current IEP ☐ _____

DETAILED MINUTES OF MEETING:

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