

STUDENT NAME	
DOB	
Grade	
CONFERENCE DATE	
KINDERGARTEN TRANSITION?	
MEETING PURPOSE	
CURRENT PRIMARY TOR	
CURRENT SECONDARY TOR	
NEXT YEAR'S PRIMARY TOR	
NEXT YEAR'S SECONDARY TOR	
LRE	
PROJECTED LRE (Next School Year) PK ONLY	
NEXT YEAR'S SCHOOL OR PROGRAM (PK)	
If LRE is 57 Homebound, include next 60 day review date	
RETAINED NEXT SCHOOL YEAR?	
SIGNED MEDICAID FORM ATTACHED	
SIGNED MEDICAID FORM BEING OBTAINED	
MEDICAID FORM HAS BEEN FAXED/UPLOADED	
IF CCC INTENDS TO MEET PRIOR TO ACR, PLEASE PROVIDE PROJECTED CC DATE	
SHORTENED SCHOOL DAY	
ANNUAL CASE REVIEW (ACR)	
(FSTI) FIRST DAY STUDENT WILL ATTEND CLASS	
PRIMARY DISABILITY	
SECONDARY DISABILITY	