The School Board of St. Lucie County, Florida
Exceptional Student Education
(772) 429-4570

Educational Planning Conference Notes

Student Name:	**ID#:**	
School:	**Grade**	**D.O.B. ____/____/____**
ESE Programs:		

Reason for Program Planning Meeting

☐ **Development of/or Change the Individual Educational Plan/or Gifted Educational Plan**	☐ **Temporary Placement Meeting**
☐ **Temporary to Permanent Placement Staffing**	☐ **Reevaluation**
☐ **Manifestation Determination**	☐ **Other**

Results and Recommendations

____/____/___Date of Meeting:

Persons in Attendance

ESE Director/Designee:	**Parent:**
Principal /Designee:	**Guidance Counselor:**
ESE Teacher:	**Evaluation Specialist:**
Regular Education Teacher:	**Other:**

As a parent, you have certain protections under the attached procedural safeguards. For further explanation of your rights, and copies, please contact the school counselor or ESE chairperson.

I have received a copy of the procedural safeguards and understand them.	**Parents Initials:**	**Date: ____/____/____**