

## REQUEST FOR PLANNING AND PLACEMENT TEAM MEETING

Date Requested: \_\_\_\_\_ Requested By: \_\_\_\_\_ Phone #  
(if Phone PPT): \_\_\_\_\_

Student/ID: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Schedule PPT on or before: \_\_\_\_\_ Gr: \_\_\_\_\_ Location of Meeting: \_\_\_\_\_

### **The purpose of this meeting is (check only one):**

#### **Initial Evaluation**

Review a referral to special education and consider/plan an initial evaluation  
Review initial evaluation results and determine eligibility for special education and if eligible develop IEP

#### **IEP**

Conduct an Annual Review  
Conduct an Annual Review and review three-year reevaluation results to determine continued eligibility  
Review or Revise the IEP  
Review or Revise the IEP and review the three-year reevaluation results to determine continued eligibility

#### **Non-Initial Evaluation**

Plan a targeted assessment (non-three-year evaluation)  
Review targeted assessment results  
Plan three-year reevaluation

---

### **Additional Meeting Purpose Information**

Indicate any additional information that is relevant for this PPT meeting (if applicable):

Student transfer  
Manifestation Determination  
Restraint/Seclusion Review  
Parent Request

Transition Planning (check if applicable): \_\_\_\_\_ The team will develop, review, or revise transition goals and objectives (transition planning)

**Check only one item**

Agency representative(s) listed below invited to attend to assist in transition planning, **OR**  
Agency representative(s) not appropriate to be invited to attend to assist in transition planning, **OR**  
Written permission not provided to invite agency representative(s) to attend to assist in transition planning

(check if applicable) Student will not be participating in the General Education environment

#### **The following individuals will need to be invited to attend:**

Administrator		Parent/Guardian	
Special Ed Teacher		Parent/Guardian	
Guidance		Regular Ed Teacher	
Psychologist		Social Worker	
Speech & Language		School Nurse	
Surrogate		PT and/or OT	
Student invited?	Yes                      No	Other (Foster Parents, DCF, Principal, etc.)	
Other:		Other:	