

MANCHESTER PUBLIC SCHOOLS
Administrative Offices
45 North School Street, Manchester, CT 06040

Special Education Department

Request for Supervisor to Attend PPT

Requested By: _____ Date: _____

Student: _____ ID# _____

Parent/Guardian: _____ Phone: _____

Address: _____

Grade: _____ DOB: _____ Last PPT: _____ Primary Disability: _____

Annual Date: _____ Date of last psycho-educational evaluation: _____

What are the areas of concern?

With whom have you reviewed this case?

Attendance: Days absent _____ out of _____ school days to date.

Describe the student's current special education services.

Summarize interventions that have been tried (including teaching strategies, behavior contracts, home contacts, outside agencies)