## ESU 17 Form 6.0

## THIS INDIVIDUAL EDUCATION PROGRAM INCLUDED THE FOLLOWING PARTICIPANTS IN ATTENDANCE

Name	Position/Relationship to Student		Date
· ·			
		·	
		·	
The school district has taken the necessary understand the proceedings of the IEP confor an interpreter, if necessary. I/We have received a copy of the IEP. I/We will be mailed a copy of the IEP.	action insure that tiwe erence, including arrangin	ng Yes Yes	No No No
Parent/Guardian Signature		Date	
Date IEP was mailed:	Ву:		
This IEP conference was held without a pare to arrange a time for a parent/guardian to at	ent/guardian in attendance tend. A copy of the IEP w	e after several attempts will be mailed to the parent	ere made /guardian. -
Date IEP was mailed:	Ву:		

Listing of MDT Team Members Name	Position on MDT	I agree with the MDT Initial	Decision
		Yes	_No*
		Yes	No*
		Yes	_No*
i			
* Should a member(s) of the MDT not ag separate statement (minori	ree with the conclusion(s) of ity report) presenting his or h	the report, they must s ner conclusion(s).	submit a
The parent/guardian was provided a copy	y of the multidisciplinary eva	luation team report on:	

By Whom \_