

Harvey County Special Education Cooperative
308 East 1st Street
Newton, KS 67114-3846

Staffing Notes

Student Name: _____ Date: _____

School: _____ Grade: _____ Teacher: _____

Primary Concern: _____

Summary:

Recommendations:

Those in attendance: (Signatures)

<u>Name</u>	<u>Position</u>	<u>Date</u>	Agree	Disagree*
_____			<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>
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_____			<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>

*Dissenting members must submit a written report to the Director of Special Education and the Superintendent summarizing the basis for their dissent.