

<b>NAME:</b>	<b>DATE OF MEETING:</b>	<b>TEAM MEMBERS PRESENT</b>	
<b>DOB:</b>	<b>REVIEW DATE:</b>	<b>PARENT/CAREGIVER:</b>	
<b>SCHOOL:</b>	<b>LOCATION:</b>	<b>TEACHER:</b>	
<b>CLASS:</b>	<b>LONG TERM GOAL:</b>	<b>OTHERS:</b>	
<b>FOCUS:</b>			
<b>PRESENT SKILLS AND NEEDS:</b>			
<b>ACHIEVEMENT OBJECTIVE/GOALS</b>	<b>SPECIFIC LEARNING OUTCOMES</b>	<b>WHO WILL HELP THE CHILD TO LEARN THIS?</b>	<b>SUMMARY OF CURRICULUM ADAPTATION OF TEACHING STRATEGIES, RESOURCES ETC.</b>
1.			
2.			
3.			
<b>EVALUATION:</b>			