



# Cohasset Public Schools

Office of Student Services  
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## TEAM MEETING SUMMARY

Student's Name: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

TYPE OF MEETING (Circle): Initial Re-Evaluation Annual Review Other

ELIGIBILITY: \_\_\_ Yes \_\_\_ No- Student is not eligible for special education but may be eligible for other services in other programs.

The Team has determined that the student is eligible for special education services because s/he presents with the following **Primary** disability: \_\_\_\_\_

**Secondary** disability, if applicable: \_\_\_\_\_

### ACCOMMODATIONS/MODIFICATIONS:


### GOAL AREAS (Circle any/all that apply):

- Reading: Decoding/Fluency                      Communication                      Behavior
- Reading Comprehension                      Articulation/Voice/Fluency                      Written Language
- Organization/Study Skills                      Language Comprehension                      Gross Motor
- Mathematics: Calculation                      Social Skills/Pragmatics                      Fine Motor
- Mathematics: Problem Solving                      Social-Emotional                      Sensory Processing

Other: \_\_\_\_\_

### OTHER:

- Bullying Discussion: Goal/Benchmark                      \_\_\_ Yes \_\_\_ N/A at this time
- Extended School Year (ESY): Regression Data                      \_\_\_ Yes \_\_\_ N/A at this time
- Special Education Transportation:                      \_\_\_ Yes \_\_\_ No

### RECOMMENDED SERVICE DELIVERY:

School District Cycle: \_\_\_\_ days

Focus on Goal	Type of Service	Type of Personnel	Frequency/Duration	Start Date	End Date
A. Consultation					
B. Special Education and Related Services in General Education Classroom (Direct Service)					
C. Special Education and Related Services in Other Setting (Direct Service)					

**ADDITIONAL COMMENTS:**

\_\_\_\_\_

Is the parent satisfied with school evaluation?     \_\_\_ Yes \_\_\_ No

Liaison: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Team Chair: \_\_\_\_\_ Contact Information: \_\_\_\_\_ Date: \_\_\_\_\_