MDHS Facilities
_____ Campus
IEP Committee Meeting Minutes

Date: _____ Beginning Time: _____ Ending time: _____

Student's Name: _____

Points of Discussion:

Concerns:

Recommendations:

Committee Members Signature and Position:

Signature _____ Position _____
Signature _____ Position _____
Signature _____ Position _____
Signature _____ Position _____
Signature _____ Position _____
Signature _____ Position _____
Signature _____ Position _____
Student's Signature _____

If meeting was a teleconference, please indicate phone number called below.
Ph. (___)_____