MDHS Facilities

_____ Campus

IEP Committee Meeting Minutes

Date: _____ Beginning Time: _____ Ending time: _____

Student's Name: _____

Points of Discussion:

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Concerns:

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Recommendations:

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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. ( )_____