

**Mamaroneck Union Free School District**  
**Early Intervention Planning Process**

Case Conference/Team Meeting

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID: \_\_\_\_\_

Teacher/Counselor Presenting: \_\_\_\_\_

Present at Meeting:

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***\*\*Teacher or counselor to fill out numbers 1 – 4 prior to meeting. Please bring appropriate documentation (i.e. formal/information assessments, behavior plan, writing samples, etc.)***

1. Description of presenting concern(s) and duration:

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2. Student history (relevant educational/health/family information/private services):

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3. Description of student's strengths:

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4. Description of curriculum and instruction interventions implemented (including prior consultation with colleagues). Indicate dates, frequency and duration:

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5. Description of progress monitoring tool, result of assessment (include dates):

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7. Additional follow-up. Check applicable options:

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|--------------------------|--|--------------------------|--------------------------------|
| <input type="checkbox"/> | Speak with a parent/guardian   | <input type="checkbox"/> | Consult with other specialist  |
| <input type="checkbox"/> | Discuss with nurse   | <input type="checkbox"/> | Refer to IST                   |
| <input type="checkbox"/> | Request screening<br>(type: _____)                                     | <input type="checkbox"/> | Date of next meeting:<br>_____ |
| <input type="checkbox"/> | Follow up with psychologist,<br>social worker or guidance<br>counselor |                          |                                |

8. **Case Conference/Team Meeting follow-up:**

Date: \_\_\_\_\_

Staff members present: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outcomes/Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next steps: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Initial Instructional Support Team (IST) Meeting**

Date: \_\_\_\_\_

Staff members/parents present: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of meeting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next steps: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



