

**CPSE/CSE MEETING OUTCOME FORM**

**To Be Returned Immediately AFTER MEETING**

**CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTH DATE: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

**SCHOOL DISTRICT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEETING DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ TIME START: \_\_\_\_\_\_\_ TIME END: \_\_\_\_\_\_\_**

 **CPSE**  **CSE** **ATTENDED IN-PERSON** **ATTENDED VIA VIDEO/TELECONFERENCE** **CHILD DECLASSIFIED AS OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUMMER SERVICES: IEP Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ AAK Coordinator of Services: ( ) YES ( ) NO**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service** | **#Sessions** | **Minutes** | | **(Week/Month)** | | **Ind.** | **Group** | **Grp Size** | **Location** | **Current Therapist's Name** | **Will Continue** |
| **ABA/BIS** |  | |  |  |  | |  |  |  |  | **Y / N** |
| **SEIT/Resource Room** |  | |  |  |  | |  |  |  |  | **Y / N** |
| **SPEECH/LANG** |  | |  |  |  | |  |  |  |  | **Y / N** |
| **OT** |  | |  |  |  | |  |  |  |  | **Y / N** |
| **PT** |  | |  |  |  | |  |  |  |  | **Y / N** |
| **COUNSELING** |  | |  |  |  | |  |  |  |  | **Y / N** |
| **PARENT TRAINING** |  | |  |  |  | |  |  |  |  | **Y / N** |

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**FALL SERVICES: IEP Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ AAK Coordinator of Services: ( ) YES ( ) NO**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service** | **#Sessions** | **Minutes** | | **Week/Month** | **Ind.** | | **Group** | **Grp Size** | **Location** | **Current Therapist's Name** | **Will Continue** |
| **ABA/BIS** |  | |  |  | |  |  |  |  |  | **Y / N** |
| **SEIT/Resource Room** |  | |  |  | |  |  |  |  |  | **Y / N** |
| **SPEECH/LANG** |  | |  |  | |  |  |  |  |  | **Y / N** |
| **OT** |  | |  |  | |  |  |  |  |  | **Y / N** |
| **PT** |  | |  |  | |  |  |  |  |  | **Y / N** |
| **COUNSELING** |  | |  |  | |  |  |  |  |  | **Y / N** |
| **PARENT TRAINING** |  | |  |  | |  |  |  |  |  | **Y / N** |

**SCHOOL Days:  M  T  W  TH  F TIMES: ­­­\_\_\_\_\_\_\_\_ AM/PM \_\_\_\_\_\_\_\_ AM/­PM; SCHOOL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AAK Attending Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chairperson/District Admin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**