

Wenatchee School District
SPECIAL EDUCATION DEPARTMENT
112 South Elliott
Wenatchee, WA 98802
663-7117

TEAM REVIEW
Summary of Actions Proposed

STUDENT: _____ B.D. _____ GRADE: _____

1. Referring problem (include contributing factors/antecedent behaviors):

2. Team Recommendations:

A. Notice of actions proposed:

B. Rationale: (Descriptions of evaluation procedure, observations, tests, records, used in making this decision).

3. Other options considered and reasons they were rejected:

4. Other relevant factors:

I have read the above and agree with the conclusions:

Special/Regular Education Teacher Date Psychologist/Other Date

Principal/Vice Principal Date Other Participants Date

I do NOT agree with the above conclusions: (Write a minority report and attach)

Signature Date Signature Date

_____ Review by Special Services Director (One copy to Special Education)