Staffing Notes

KEYSTONE LEARNING SERVICES
500 E. Sunflower Blvd., Ozawkie, KS 66070
785-876-2214

KEYSTONE
LEARNING SERVICES

Date: _____

Student Name: _____ **School:** _____ **Grade:**_____
(First) (Last)

Persons in Attendance:

_____	**LEA Rep.**	_____	**Counselor**
_____	**Special Ed. Teacher**	_____	**School Psych**
_____	**Classroom Teacher**	_____	**Speech**
_____	**Student**	_____	**Other**
_____	**Parent**	_____	**Other**

☐ **Parent Rights Booklet Offered -** ☐ **Accepted** ☐ **Declined**

Purpose of Meeting:

_____
_____

Topics and Discussion:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Minutes of Meeting Taken by: _____ (Signature)

Staffing Notes

KEYSTONE LEARNING SERVICES
500 E. Sunflower Blvd., Ozawkie, KS 66070
785-876-2214

Date: _____

Student Name: _____ **School:** _____ **Grade:**_____
(First) (Last)

Topics and Discussion Continued: _____