

Date received \_\_\_\_\_  
Date of meeting \_\_\_\_\_

## LRE OVERSIGHT REVIEW

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Building \_\_\_\_\_

Referred from \_\_\_\_\_ to \_\_\_\_\_  
(current program placement) (requested type of program)

Date Communicated with SELS Liaison \_\_\_\_\_

Attach the following:

- Current IEP
- IEP amendments (within the last year)
- Current evaluation
- Summary of progress monitoring (i.e. graphs, charts)
- Attendance report (if relevant)
- Discipline report (if relevant)

Please indicate if a representative of the building will attend the LRE Oversight meeting.

- \_\_\_\_\_ will attend the LRE Oversight Committee meeting.
- The building will NOT attend the LRE Oversight Committee meeting.

Preference of meeting dates to attend:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Meetings will be held 8:00-10:00am on the 2<sup>nd</sup> and 4<sup>th</sup> Thursdays of the month:  
9/22, 10/13, 10/27, 11/10, 12/8, 1/12, 1/26, 2/9, 2/23, 3/1, 3/22, 4/12, 4/26, 5/10, 5/24

Meetings will be held 2:30-4:30pm on the following Tuesdays:  
9/13, 10/4, 10/18, 11/1, 11/15, 11/29, 12/13, 1/3, 1/31, 2/14, 2/28, 3/13, 3/27, 4/17, 5/1, 5/15,  
5/29, 6/5

Submitted by \_\_\_\_\_ Date \_\_\_\_\_  
Principal Signature

Submit complete packet to Connie McGuire by Friday for review at the upcoming meeting. The LRE Oversight Committee meets weekly.

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Concern:

Interventions Implemented:

Student Schedule (delineate time in special education classes and general education classes:

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