Northfield PUBLIC SCHOOLS

Record of a Team Meeting

Student's Name:_____ ID #: _____ Date: _____

School:_____ Grade: _____ DOB: _____

Signatures indicate attendance only, and not agreement on meeting outcome(s).

Name/Title	**Name/Title**

Purpose of the Meeting:

_____

_____

_____

_____

_____

Meeting Notes

_____

_____

_____

_____

_____

_____

_____

Continued →

Next Step(s):

_____ Rights Brochure given to parent.