



Peterborough Victoria  
Northumberland and Clarington  
Catholic District School Board

# REPORT OF CASE CONFERENCE

Student: Mike Smith Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(mm/dd/yyyy)

OEN: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

School: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Specialized Equipment:  No  Yes, \_\_\_\_\_

Additional Details: \_\_\_\_\_

Date of Last IPRC: \_\_\_\_\_  
Exceptionality: \_\_\_\_\_  
Placement: \_\_\_\_\_

IEP:  Yes  No

SIP:  Yes

Date of Case Conference: \_\_\_\_\_

In Attendance: Father \_\_\_\_\_

Mother \_\_\_\_\_

Classroom Teacher \_\_\_\_\_

School Principal \_\_\_\_\_

School Resource Teacher \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of the Case Conference:

Parent Interview

Outside Agency Review

Report of \_\_\_\_\_ Assessment

Team Consultation Meeting

Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Summary:

Lined area for writing the summary.

Recommendations:

Lined area for writing recommendations.

This form was completed by:

Name

Title

Date

Principal's Signature

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