

Staffing SET ELIG IEP Change of Placement

Manifestation Determination (check all that apply)

Student _____

Date _____

Team Members:

Name (sign name)

Title/Relationship to Student

Name (sign name)	Title/Relationship to Student

Procedural Safeguards Reviewed: parent accepted _____

parent refused _____

Page 2 of Meeting Minutes

Name _____

Date _____

DO NOT WRITE ON BACK