

INTERAGENCY TEAM MEETING AGENDA

DATE:

Student's Name:

Parent's Name:

Preparation for Interagency Team Meeting:

- ✓ Copy of PWCS Regulation 724-1/Code of Behavior/Signed-Emergency Card
- ✓ Current Attendance Record
- ✓ Unofficial Transcript/Current grades/Progress Report/Report Card

Interagency Team Meeting Agenda:

- ✓ Review Attendance Record/Student's attendance history
- ✓ Review Virginia Compulsory Attendance Law and PWCS Regulation 724-1
- ✓ Reason for absences: _____

- ✓ Review Initial Conference Attendance Plan Date: _____

✓ Revised Attendance Plan:

- Attendance Contract Doctor's notes required at this time

✓ School Base Resource Referral(s):

- Intervention Team Meeting (ITM)/Child study
- School Counselor
- Social Worker/School Psychologist/School Nurse
- Comprehensive Child Study
- New Horizons/Youth for Tomorrow/Crossroads/Other _____
- Other: _____

- Academic concerns
- Program status – ELL, SPED
- *Medical/Mental Health Care/Concussion
- *Counseling/therapist

**Is student currently receiving or has received these outside services?*

RECOMMENDATION: _____

