



Northeastern Catholic District School Board

CASE CONFERENCE FORM

School: _____ Student: _____

Date: _____

In attendance:

Parent(s) _____

Program Principal _____
PRINCIPAL _____
Teacher(s) _____

Agency/Advocates _____
S.E.R.T. _____
Superintendent _____
Child & Youth Worker _____
Educational Assistant _____

Reason(s) for having case conference:

Summary of discussion and main points:

Recommendations and follow-up:

Signatures:

Principal _____

Parent(s) _____

Distribution (check off the ones which apply)

- Parents
- Superintendent
- Program Principal
- S.E.R.T.
- O.S.R.
- Teacher(s)
- Child and Youth Worker
- Agency/Advocates