

**MICHIGAN CITY AREA SCHOOLS**  
**DEPARTMENT OF INTEGRATED STUDENT SUPPORT SERVICES**  
**Case Conference Committee Checklist**

***This checklist is completed by the Building Principal or appropriate Case Conference Committee Chair designee***

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Building Principal or appropriate designee will open the Case Conference Committee meeting.

- \_\_\_\_\_ The parents and the committee was warmly welcomed and the determination process was explained.
- \_\_\_\_\_ All members of the committee were introduced.
- \_\_\_\_\_ All appropriate members are present
  - \_\_\_\_\_ Parent/Guardian
  - \_\_\_\_\_ General education teacher representative
  - \_\_\_\_\_ Teacher of suspected disability
  - \_\_\_\_\_ Evaluation team
  - \_\_\_\_\_ Chair (Building Principal or appropriate designee)
  - \_\_\_\_\_ Nurses (if Other Health Impairment or related medical disorders are suspected)
  - \_\_\_\_\_ Occupational/Physical Therapists (if there are fine or gross motor disorders)
  - \_\_\_\_\_ Speech Therapist (if there is a communication disorder related to the suspected disability).
  - \_\_\_\_\_ Other specialist
- \_\_\_\_\_ Evaluation team explained the results
- \_\_\_\_\_ Parents were provided a written copy of completed reports at the case conference committee meeting.
- \_\_\_\_\_ Parents were provided a copy of the Procedural Safeguards/Parent Rights and Options.
- \_\_\_\_\_ Eligibility for Special Education was discussed.
- Y/N Student is eligible for special education services. If yes complete the following:

- \_\_\_\_\_ **50-Regular class (80% or more)**  
\_\_\_\_\_ The student will be receiving the total English/Language Arts and/or Mathematics block (education in the general education class).
- \_\_\_\_\_ **51-Resource Room (79-40%)**  
\_\_\_\_\_ The student receive the above with additional reinforcement in the Resource Room  
\_\_\_\_\_ The student will receive the total English/Language Arts and/or Mathematics block (class) in a special education class.
- \_\_\_\_\_ **52-Separate Class (Less than 40%)**  
\_\_\_\_\_ The student will receive the total English/Language Arts and/or Mathematics block (class) in a special education class.
- \_\_\_\_\_ **53-Separate Day School Facility**
- \_\_\_\_\_ **56-Parentally-Placed in a Private School or Home Schooled**
- \_\_\_\_\_ **57-Homebound/Hospital Placement**
- \_\_\_\_\_ An Individualized Education Program (IEP) was developed.  
\_\_\_\_\_ The starting date of the Special education program was determined.  
\_\_\_\_\_ To whom the IEP will be communicated was determined.  
\_\_\_\_\_ Personnel development was determined regarding this student's placement.
- \_\_\_\_\_ If the child is eligible for Emotional Disabilities or Conduct Disorder (as per Other Health Impairment) a well-defined Behavior Support Plan will be presented based on the defined BSP from the RTI-B procedures.
- \_\_\_\_\_ The Behavior Support Plan will detail how a student with disabilities will be disciplined and the mental health and socio-emotional supports that will be provided.
- \_\_\_\_\_ Students aged 13 (to turn 14 before the annual case review) will be present at their conference and will start self-advocating for themselves.  
\_\_\_\_\_ The transition conference will include the following procedures:  
\_\_\_\_\_ If the student is found ineligible for special education, assist the committee in determining Section 504 eligibility.
- \_\_\_\_\_ Did the parent complete the exit survey? Please attach to this checklist

Y/N Were there dissenting opinions related to the placement recommendation?

Case Conference Committee Chair: \_\_\_\_\_

Please forward this form and the survey to Dr. Michael P. Livovich. Thank you.