**EAST CENTRAL KANSAS COOPERATIVE IN EDUCATION**

**INTERLOCAL #614**

**DANIEL WRAY DIRECTOR**

**600 High Street - P.O. Box 41 Baldwin City, KS 66006 785-594-2737 785-594-6815 (fax) www.eckce.com**

**STAFFING REPORT**

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| **Student:** | | **Date:** |  |  |
| **School:** | | **Grade:** |  |  |
| **Type of Staffing o Eligibility** | | **o** | **IEP Review o** | **Dismiss** |
| **Position** |  | | **Personnel Attending** |  |
| **Student** |  | |  |  |
| **Parent(s)** |  | |  |  |
| **Regular Education Teacher** |  | |  |  |
| **Special Education Teacher** |  | |  |  |
| **School Psychologist** |  | |  |  |
| **Speech-Language Pathologist** |  | |  |  |
| **Occupational or Physical Therapist** |  | |  |  |
| **Counselor/Social Worker** |  | |  |  |
| **Transition/Vocational Coordinator** |  | |  |  |
| **Principal/LEA Designee** |  | |  |  |
| **Other** |  | |  |  |

**DATA REVIEWED AND TEAM DISCUSSION**

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