VALLEY SCHOOL DISTRICT **SPECIAL EDUCATION**
555 West Valley Rd, Yakima, WA 98902 Phone: (509) 456-8596 Fax: (509) 658-9856

Meeting Minutes

Student name **Jason Patterson** Student # **49** DOB **2/6/2002** Date **3/3/2010**

Serving school **Alder Elementary** IEP Mgr **Kathy Bravo** Grade **1** Age **8 y 0 m**

Home school _____ Disability _____

Beginning Time _____ Ending Time _____ Recorded By _____

Present:			
_____	Principal	_____	School Psychologist
_____	Counselor	_____	SLP
_____	OT	_____	General Education Teacher
_____	Nurse	_____	Special Education Teacher
_____	Parent	_____	Student / Other

Reason for meeting: _____

Summary of meeting: