

Marathon Central School District

P.O. Box 339
Marathon, New York 13803

REQUEST FOR MEETING

STUDENT:	
GRADE / PROGRAM:	
INDIVIDUAL(S) REQUESTING MEETING:	
DATE OF REQUEST:	
DATE RECEIVED BY CSE CHAIRPERSON:	
THE MEETING IS REQUESTED TO:	<input type="checkbox"/> Revise current IEP <input type="checkbox"/> Review Behavior Intervention Plan <input type="checkbox"/> Consider less restrictive environment <input type="checkbox"/> Consider more restrictive environment <input type="checkbox"/> Discuss related service needs <input type="checkbox"/> Other (please specify):
CURRENT INFORMATION ABOUT THIS STUDENT WHICH IS LEADING TO THIS REQUEST:	
PLEASE COMMENT ON THE STUDENT'S CURRENT:	Academic Performance:

	Behavior:
	Attendance:
	Medical Concerns:
DOCUMENTATION OF PARENT CONTACT:	Date of contact: Information discussed:
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WHO DO YOU REQUEST BE IN ATTENDANCE AT THE MEETING?	