**CSE MEETING CHECKLIST:**

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent & Contact #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CSE Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Parent Input
* Math Teacher Input
* Science Teacher Input
* English Teacher Input
* Social Studies Teacher Input
* Elective Teacher Input
* Level 1 Assessment: Teacher & Student
* Level 1 Assessment: Parent
* High School Transcript
* Report Card/ Progress Report
* Attendance Record
* Annual Goals Progress Report
* Reading/ Math Assessment
* Classroom Observation
* Student Work Samples
* IEP Draft