

TEAM WORKSHEET

Student: _____

Date: _____

General Education Team Participants/Title (Names):

Parent	Case Manager	LEA-Administrator or designee
Teacher	Teacher	Teacher

Problem Identification:

Final Program Student Outcome (what student is to do):

Brainstorming Procedures/Methods:

**Intervention Strategies Documentation
(Teacher-Working Documentation Worksheet)**

Procedures Agreed Upon	Person Responsible	Implementation Date	Evaluation Criterion/ Duration	Team Follow-Up Date	Results/Recommendations

