



**Meeting Type**

Initial staffing (30 days or less) Complete section 1  
30 Day Staffing (remain in on site school) Complete sections 1 and 2  
Review of Educational Services Complete sections 1, 2, and 3

**Student name:**

**Date of Birth:**

**Date of admission  
to facility:**

**Current grade:**

**Previous school:**

**Eligible for**

**IDEA Services**

**504 Services**

## SECTION 1: Initial Staffing Review

**Results of initial staffing review:**

Student will attend public school  
Student will attend in-house school for up to 30 days

**If student will attend public school,**

**If student will attend the in-house school,**

- A. Projected date  
of enrollment:
- B. Contact made with  
public school prior  
to enrollment:

A. Specific treatment issues requiring in-house school  
(attach documentation if needed):

Date of contact:

B. Date of 30 day review:

Person Contacted:

Person making contact:

## SECTION 2: 30 Day Staffing (Child and Family Team Meeting)

**Date notice of 30 day staffing was sent:**

**Persons provided notice:**

FSW

DCS staff (as appropriate)

Individuals with educational rights

Representative from public school

Agency staff

Other



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.



**Results of 30 day staffing review:**

- Student will attend public school
- Student will attend in-house school

***If student will attend public school,***

- A. Projected date of enrollment:
- B. Contact made with public school prior to enrollment

Date of contact:

Person Contacted:

Person making contact:

C. Date of Enrollment:

***If student will attend the in-house school,***

- A. Specific treatment issues requiring in-house school (attach documentation if needed) :

B. Specific goals of the in-house service (attach if necessary):

C. Projected duration of in-house educational service:

D. Projected enrollment in public school:

E. Projected Review Date (for Section 3):

## **SECTION 3: Review of Educational Services**

***Review of Educational Services (meetings following 30 day staffing)***

**Date notice of staffing was sent:**

**Persons provided notice:**

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| FSW                                 | DCS staff (as appropriate)        |
| Individuals with educational rights | Representative from public school |
| Agency staff                        | Other                             |

**Results of review of educational services:**

- Student will attend public school
- Student will attend in-house school



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.



***If student will attend public school,***

***If student will attend the in-house school,***

- A. Projected date of enrollment:
- B. Contact made with public school prior to enrollment
- Date of contact:
- Person Contacted:
- Person making contact:
- C. Date of Enrollment:

- A. Specific treatment issues requiring in-house school (attach documentation if needed):
- B. Specific goals of in-house educational service (attach if necessary):
- C. Projected duration of in-house educational services:
- D. Projected enrollment in public school:
- E. Projected Review Date (for Section 3):

**SIGNATURES**

**Initial Meeting  
Signature**

**Date**

**30 Day Meeting  
Signature**

**Date**

**Review Meeting  
Signature**

**Date**

FSW:

Ed Rights:

Agency:

Public School:

Student:

DCS Staff:

Other:

Other:



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