# Planning and Placement Team (PPT) Record of Meeting

## Select one of the following:

- □ The student does not have an individualized education program (IEP) at this time.
- □ Restraint/Seclusion Review
- □ Manifestation Determination
- $\hfill\square$  The student's IEP dated \_\_\_\_\_/ was reviewed and is not being revised.

Meeting Date:	Student Name:
Reason for Meeting:	SASID:
Parent Name:	Student Address:
Parent Contact Information:	Surrogate Parent:
Case Manager:	

## Planning and Placement Team (PPT) Members Present

Name	Role
(Additional rows will be added as needed)	

(Note: If a required member of the PPT is not present, the PPT Attendance document is required to conduct the PPT meeting.)

### Summary

### Recommendations

Resources	
The following docu	ments were provided to the parent(s) at this meeting or sent electronically with parental permission
Procedural	Safeguards in Special Education
Parental No	tification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools
🗆 A Parent's C	Guide to Special Education
🗆 IEP Manual	
Other:	

For assistance with understanding the provisions of the IDEA, please contact the district's special education director or the Connecticut Parent Advocacy Center (CPAC) at 1-800-445-2711.