

Mount Carmel Guild Academy

2016-2017

PARM AGENDA/CHECKLIST

Student Name _____

Date of PARM Meeting: _____

Meeting Participants: NAME

POSITION

Grade / School Year: _____/_____

Current Grade level of performance:

Math: _____ Reading: _____

Testing year and type: _____ REASON(S): _____

Related Services/Frequency: SPEECH: _____ COUNSELING: _____ OT: _____ PT: _____

Present level of educational performance:

For IEP/ AR meetings:

___ Progress or lack of progress towards behavioral goals:

___ results of any re-evaluations

___ Strengths

___ Areas of Concern

___ Instructional needs

___ Style of learning

___ Assessment Information:

___ Discuss transition issues (beginning at age 14)

___ Develop measureable annual goals

___ Determine short term objectives for each measureable annual goal

___ Determine accommodations/modifications in instruction and assessment

___ Determine participation in state wide assessments and how they will be assessed:

Test: _____

Original: Principal

Cc: Coordinator (CRUZ – SIMON)

Counselor