**BALDWIN COUNTY BOARD OF EDUCATION**

**MINUTES**

 \_\_\_\_ Eligibility \_\_\_\_IEP \_\_\_\_504 Meeting

\_\_\_\_\_Referral \_\_\_\_\_Resolution Meeting

*(Check appropriate purpose)*

Name: Date:

School: Time In: Time Out:

COMMITTEE MEMBERS: (Type Names)

1. 4.

2. 5.

3. 6.

\*ITEMS ADDRESSED IN MEETING:

1.

\*RECOMMENDATIONS/SUGGESTIONS

1.

\*Parent Signature Indicates Receipt of Minutes:

***Copy for parent, confidential folder, and LEA.***