



IEP Sign-In Sheet

Student Name: _____

Date: _____

(Student)

(Parent/Guardian)

(Parent/Guardian)

(General Education Teacher)

(Special Education Teacher)

(MET/District Representative)

(Transition Coordinator)

(Community Mental Health)

(Highline Representative)

(Michigan Rehabilitation Services)

(Speech Pathologist)

(Physical Therapist)

(School Psychologist)

(Other)