# SCHOOL and COMMUNITY CONFERENCE ARRANGEMENTS
Children with Special Health Care Needs, ABLE Program
Box 144660, SLC UT 84114-4660 (584-8552)

<table>
<thead>
<tr>
<th>DATE</th>
<th>Submitted:</th>
<th>Client</th>
<th>DOB</th>
<th>Age</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conf Location</td>
<td>Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Phone #</td>
<td>School District</td>
<td>Year Round</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conf Date</td>
<td>Weekday</td>
<td>Time</td>
<td>Car</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Tentative Date**

| Weekday | Tentative Time | |

Parent willing to help set up conference

<table>
<thead>
<tr>
<th>Confirmed</th>
<th>ABLE Staff</th>
<th>Position</th>
<th>ph</th>
</tr>
</thead>
</table>

Reason for conference

Conference requested by phone

Child initially referred by
SCHOOL CONFERENCE STAFFING

Name_________________________ Date ____________ School__________________________
Grade________________________ Record Review______________________
Diagnosis________________________
Attendance and reason for meeting (see other side)

Background Information and History:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Findings and Observations:

________________________________________________________________________
________________________________________________________________________

Medical Exam of Child: _________________________________________________

________________________________________________________________________
Strengths:____________________________________________________________

________________________________________________________________________
________________________________________________________________________

Concerns and Challenges:

________________________________________________________________________
________________________________________________________________________

Plans: (who is to carry out what, and when?)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Follow-up Meeting__________________________ Conference form completed by: Recorder__________________