

**Sample Format for Scheduling of Local School District Case
Review of Parent-Initiated Evaluations by Private Practitioners**

**Department of Psychological Services
Case Review**

The following students will be discussed at the next scheduled Case Review meeting to be held on _____.
(Date)

The meeting will be held in the _____.
(Location)

<u>Referring School Psychologist</u>	<u>Name of Student</u>	<u>Date of Birth</u>	<u>School</u>	<u>Time</u>

Committee Members:

Chairperson: _____

