

**CASE CONFERENCING FORM**  
**(To be used in conjunction with Verification Form)**

<b>Name:</b>		<b>Parent(s) / Caregiver:</b>	
<b>DOB</b>	<b>Yr level</b>		<b>Address:</b>
<b>Gender</b> ....m ....f	<b>Ethnicity</b>		

**Student's Current Situation**

**Previous Interventions** (Include diagnostic assessments etc). Other Agency involvement.

**Individual Plan** (Be constructive. Include short and long term goals and options other than Alternative Education where they are considered appropriate).

<b>People Present</b>		
<b>Name</b>	<b>Organisation</b>	<b>Signature</b>

**Conference held at**..... **Date**.....