

In your opinion, is the current placement of this student in your class appropriate?

YES

NO

If no, please explain: _____

In your opinion, should this student remain in this placement for the next school year?

YES

NO

If no, please suggest options: _____

Additional Comments: _____

Will you be able to attend the CSE meeting? YES NO

Is there a need for you to participate in the meeting via conference call? YES NO

Signature of Career and Technical Teacher

Date

Return CSE Input form to: (to be completed by School District CSE)

CSE Chairperson Name _____

School District _____

Building Location _____