

**SOUTH CENTRAL KANSAS  
SPECIAL EDUCATION COOPERATIVE**

**STAFFING SUMMARY**

Name of Student \_\_\_\_\_ Attendance Center \_\_\_\_\_

Date of Staffing or Conference \_\_\_\_\_ Location \_\_\_\_\_

**Purpose of Staffing:**

**Briefly describe Actions, Discussions, and/or Recommendations:**

Evaluation Team Members:

Name	Position	Date	Name	Position	Date

Those members disagreeing with the team decision must submit a written report within five (5) working days.