



PRE-SARB MEETING RESULT

Student: _____ **DOB:** _____

Pre-SARB Date: _____ **SCHOOL:** _____

PRESENT AT MEETING *(indicated by a ✓)*

Student	School Administrator/Designee: _____
Mother/Guardian	Probation Officer: _____
Father/Guardian	Other: _____

*** If none of the above, describe conscientious effort(s) made to meet with parent(s)/guardian(s) and attach.**

RECOMMENDATIONS & INTERVENTIONS *(Not all items may be applicable or required for a SARB referral)*

Recommended Services

Tutorial Services	Site Resources	Individual
Learning Center	Peer Support Group	Group
Other: _____		

Explored Possibility of Testing

Educational	Psychological
Other: _____	

Encouraged Medical Examination

Medical	Vision	Hearing
Dental	Provided Chronic Illness Verification Form	
Other: _____		

Develop a Specialized Education Program

I IEP	504 Plan	Modified Schedule
Other: _____		

Recommended an Alternative Education Placement

Continuation School	Home Hospital	TLC Program
Community School	Independent Study	Interdistrict Transfer
Other: _____		

COMMENTS

SARB Administrator/Designee

Date