

**Hull Public Schools**  
**Team Meeting Summary**

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Team Meeting Chairperson: \_\_\_\_\_ Team Meeting Date: \_\_\_\_\_

Purpose of Meeting:    \_\_\_ Initial Evaluation    \_\_\_ 3 Year Reevaluation    \_\_\_ Review  
                          \_\_\_ Other \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Parent Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Results/Report of Progress/Issues Discussed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eligibility Determination: (Initial/Reevaluation only)  
Disability type(s): \_\_\_\_\_  
Effective Progress:    \_\_\_ Yes    \_\_\_ No  
Specialized Instruction/Related Services/Areas of Need:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Major Goal Areas:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

