

Special Education Office Memo

Memo to: _____

Teacher/Provider: _____

From: _____

Date: _____

Re: Outcome of CPSE/CSE Meeting

Student's Name: _____ Grade: _____

Initial Placement: _____

Effective Date: _____

Change in Placement: _____

From: _____

To: _____

Effective Date: _____

_____ Retention (Annual Review Outcome) Grade: _____

Notes: _____
