

**Special Education Evaluation Committee (SEEC) Review  
DOCUMENTATION/CLARIFICATION SHEET**

School \_\_\_\_\_

Date \_\_\_\_\_

SEEC Chair \_\_\_\_\_

Team Member \_\_\_\_\_

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ PEN \_\_\_\_\_

Special Education Category Claimed \_\_\_\_\_

**DOCUMENTATION REQUIRED**

1. \_\_\_\_\_  
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2. \_\_\_\_\_  
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3. \_\_\_\_\_  
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4. \_\_\_\_\_  
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Comments: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Contact Name \_\_\_\_\_

School Role \_\_\_\_\_