Curriculum Division

Educational Planning Team Meeting
Elementary Part-Time Online/Virtual Options

Student Name:_____ Student ID #:_____

Data Review: *Please consider any applicable classroom, school, district and statewide data.*

Student-Specific Considerations	Academic	Social-Emotional
Advantages Short-Term (current Academic Year) Long-Term (Beyond Current Year)		
Concerns Short-Term (current Academic Year) Long-Term (Beyond Current Year)		

EPT Recommendation:

Parent Signature	*Date*	*Principal/Designee Signature*	*Date*
Counselor Signature	*Date*	*Teacher Signature*	*Date*
Other Signature	*Date*	*Other Signature*	*Date*