



Texas Conference of Seventh-day Adventists

Office of Education

PO Box 800 | Alvarado, TX 76009



MEASURABLE ACTION PLAN REVIEW MEETING REACH

Name: _____ Testing Date: _____

Date of Birth: _____ School: _____

School Year: _____ Grade: _____ Homeroom Teacher: _____

Strengths	Diagnosis
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What are the recommendations from the testing center?

Parents responsibilities:

Student responsibilities:

MAP Review Meeting Continued

Classroom/School Responsibilities:

Present level of Academic Achievement and Functional Performance:

For student transitioning from _____ to _____ Transitioning Goals are:

Parental Concerns for strategies used to support student's education:

Signatures

Parents/Guardian: _____ Date: _____

Student: _____ Date: _____

Teacher: _____ Date: _____

Administrator: _____ Date: _____

Notes: _____
