

**BREVARD PUBLIC SCHOOLS, FLORIDA**  
 Individual Problem Solving Team (IPST)  
 Parent/Guardian Contact and Staff Consultations

**IPST FORM 2**

**Student:** \_\_\_\_\_ **Student #:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**At least one parent contact must be recorded before moving to Individual Problem Solving**

	Date(s)	Topic(s) Discussed
<b>1<sup>st</sup> Parent/Guardian Contact</b>  Phone/Virtual _____ In person _____ Email _____  Name of Parent/Guardian:  Who contacted Parent/Guardian?		<b>Areas of Academic Difficulty:</b>  <b>Areas of Behavior Difficulty:</b>  <b>PMP Notification Letter discussed</b> Yes__ No __  <b>Follow-up Date:</b>
<b>2<sup>nd</sup> Parent/Guardian Contact</b>  Phone/Virtual _____ In person _____ Email _____  Name of Parent/Guardian:  Who contacted Parent/Guardian?		<b>Follow-up:</b>  <b>Shared Data on Intervention of Student:</b>  <b>Next Steps:</b>

***Attach additional documentation of communication of student progress***

Consultation With:	Date(s)	Plan/Outcome
School Counselor		
Administration		
Grade Level Teachers/ ESE Teacher		
Literacy Coach		
School Psychologist		
Behavior Analyst		
Speech Language Pathologist		
Occupational Therapist		
Physical Therapist		
Others: _____		