



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 their education:

Signatures:

Parents/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Date \_\_\_\_\_

Notes