AIG/Needs Determination Team Decision

Student:_____

Grade:_____ School Year:_____

School:_____

AIG/NDT Decision

_____ No services recommended at this time

_____ Watch for further indications of need
____observations
____interest groups
____testing
____other

_____ Differentiated services recommended
____reading
____math

_____ Reduction of services (IDEP required-AIG 4A)

_____ Served through general education

Signatures:

_____
Name AIG/NDT Chairperson Date

_____
Name Position Date

_____
Name Position Date

_____
Name Position Date

_____
Name Position Date