Hancock County Schools _____ School Year
Regular and Special Education Collaborative Consultation Log

School: _____ **Reg. Ed. Teacher(s):** _____ **Spec. Ed. Teacher:** _____
Month: _____ **Exceptionality:** _____ **Other Info:** _____
Subject: _____ **Period:** _____ **Semester:** _____

Collaboration Contact:
_____ **Daily**
_____ **Weekly**
_____ **Biweekly**
_____ **Bimonthly**

Description of Collaboration:
1. **Review of lesson plans**
2. **Review CSO's**
3. **Provide reteaching of material**
4. **Unit/chapter tests &/or other evaluation**
5. **Behavior Plan (FBA/BIP)**
6. **Review of instructional strategies**
7. **Conference on student needs/progress**
8. **Exchange of information**
9. **Modifications/Accommodations**
10. **Planning and delivering of instruction**

Student Name:	Collaboration date(mm/dd/yy):	Description #:	Comments:

Regular Educator Signature:_____
(New August 2004)

Special Educator Signature: _____
(attach verification of documentation: lesson plans, tests, conference notes, etc.)