

Educational Management Team (EMT) Summary



Office of Student and Family Support and Engagement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 272-4
November 2016
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PART I. BACKGROUND

Student Name _____ Date of Birth ____/____/____ Student ID# _____ Grade ____
Case Manager/Teacher _____ School _____

PART II. REASON FOR REFERRAL (Attach **MCPS Form 272-9, Teacher Referral**)

PART III. SUMMARY OF EMT DISCUSSION (Additional space for the summary is available on Page 2 of this form.)

Check here if the summary is continued on Page 2.

Check the Type of Meeting:

- Regular EMT Section 504 EMT Initial Eligibility Section 504 EMT Annual

Record names of participants, issues discussed, and explain decisions made.

PART IV. STRATEGIES TO IMPLEMENT

Strategies	Person Responsible	Review Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Parent/Guardian Contact Assigned to _____

Signature, EMT Coordinator _____ Meeting Date ____/____/____

DISTRIBUTION: Copy 1/Original–Student Cumulative Folder; Copy 2/Parent/Guardian; Copy 3/Referring Teacher;
Copy 4/School Community Health Nurse/School Health Room Technician (if applicable)

Continuation of Summary of EMT Discussion