

INCLUSION COMMITTEE RECOMMENDATION

To be filled by the members of inclusion Committee.

Please attach the observation forms (Form B) with this sheet.

Student name:	Class:
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Please tick the most appropriate learning program for the student based on the observations and specify the support and accommodations that are required for the student.

Tick (✓)	Inclusive education Program
	Home-based Learning
	Early Intervention
	School Readiness
	Mainstream Education
Support and accommodations required	
Comment:	

Approved by

Name	Designation	Signature	Date