



Adrian, Michigan

**BEFORE/AFTER SCHOOL  
IEPC Meeting Reimbursement Stipend**

Date: \_\_\_\_\_ Time Started: \_\_\_\_\_ Time Ended: \_\_\_\_\_

Location: \_\_\_\_\_ Student: \_\_\_\_\_

*Signature of faculty in attendance for the ENTIRE conference is required.*

- |    |           |            |
|----|-----------|------------|
| 1. | _____     | _____      |
|    | Signature | Print Name |
| 2. | _____     | _____      |
|    | Signature | Print Name |
| 3. | _____     | _____      |
|    | Signature | Print Name |
| 4. | _____     | _____      |
|    | Signature | Print Name |
| 5. | _____     | _____      |
|    | Signature | Print Name |

Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Please return this form to the Director of Special Education for approval of payment.

Director of Special Education Approval \_\_\_\_\_ Date: \_\_\_\_\_  
Signature