

## North Rockland Teachers' Association Special Education Liability Form

Today's Date \_\_\_\_\_  
Member's Name \_\_\_\_\_  
Position \_\_\_\_\_  
Building \_\_\_\_\_  
  
Case # \_\_\_\_\_  
Date of CSE \_\_\_\_\_

**IEP or Placement Recommendation at CSE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Professional Recommendation and Reason for Concern:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please mail to: (post mark is verification of date)**

**North Rockland Teachers' Association  
Attn: Liability File  
15 Liberty Square  
Stony Point, New York 10980**