

School District Name:

School District Address:

School District Contact Person/Phone #:

Placement Consent Form – PL 1: Aged 5 (enrolled in kindergarten) and aged 6 through 21

IEP Dates: from _____ to _____

Student Name: _____

DOB: _____

SASID: _____

<u>Special Education Team – Educational Placements</u>	<u>Corresponding Placement</u>
The Team identified that IEP services are provided outside the general education classroom less than 21% of the time (80% inclusion).	<input type="checkbox"/> Full Inclusion Program
The Team identified that IEP services are provided outside the general education classroom at least 21% of the time, but no more than 60% of the time.	<input type="checkbox"/> Partial Inclusion Program
The Team identified that IEP services are provided outside the general education classroom for more than 60% of the time.	<input type="checkbox"/> Substantially Separate Classroom
The Team identified that all IEP services should be provided outside the general education classroom and in a public or private separate school that only serves students with disabilities.	<input type="checkbox"/> Separate Day School <input type="checkbox"/> Public or <input type="checkbox"/> Private
The Team identified that IEP services require a 24-hour special education program.	<input type="checkbox"/> Residential School
The Team has identified a mix of IEP services that are not provided in primarily school-based settings but are in a neutral or community-based setting.	<input type="checkbox"/> Other:

Parent Options / Responses

It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district along with your response to the IEP. Thank you.

- I consent to the placement.
- I refuse the placement.
- I request a meeting to discuss the refused placement.

Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over*

Date

**Required signature once a student reaches 18 unless there is a court appointed guardian.*

Must Be Completed by LEA

Specific Location(s) for Service Provision and Dates:

Other Authority – Required Placements

Note: Required placements are not educational placements and are not determined by the Team. Service delivery at required placements may be limited/different.

The placement has been made by a state agency to an institutionalized setting for non-educational reasons.	<input type="checkbox"/> The Department of Youth Services has placed the student in a facility for committed or detained youth.
	<input type="checkbox"/> The Department of Mental Health has placed the student in a hospital psychiatric unit or residential treatment program.
	<input type="checkbox"/> The Department of Public Health has placed the student in the Pappas Rehabilitation Hospital for Children.
	<input type="checkbox"/> The student is incarcerated in the county house of corrections or in a department of corrections facility.
The placement has been made by a state agency to another setting for non-educational reasons.	<input type="checkbox"/> Department of Children and Families
A doctor has determined that the student must be served in a home setting.	<input type="checkbox"/> Home-based Program
A doctor has determined that the student must be served in a hospital setting.	<input type="checkbox"/> Hospital-based Program

Other Authority Placement – Location(s) for Service Provision and Dates (Must be Completed):