

PREVIOUS ENROLLMENT/TEMPORARY PLACEMENT IN SPECIAL EDUCATION

Ionia County Intermediate School District

Student Name \_\_\_\_\_ Date of Placement \_\_\_\_\_
Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ District/School \_\_\_\_\_

CURRENT STUDENT INFORMATION (Proof of residency confirmed by: \_\_\_\_\_)

Student Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Student ID \_\_\_\_\_ Native Language of Student \_\_\_\_\_
Gender \_\_\_\_\_ Race \_\_\_\_\_ Place of Birth \_\_\_\_\_ Native Language of Parent/Guardian \_\_\_\_\_
Parent/Guardian \_\_\_\_\_ Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)
Parent/Guardian Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

PREVIOUS SCHOOL INFORMATION

District \_\_\_\_\_ Building: \_\_\_\_\_ Contact Person: \_\_\_\_\_
School Address \_\_\_\_\_ School Phone: \_\_\_\_\_
Teacher \_\_\_\_\_ Grade \_\_\_\_\_ School Fax : \_\_\_\_\_
Primary Disability of Student \_\_\_\_\_ Secondary Disability, If Any \_\_\_\_\_
Date of Most Recent IEP \_\_\_\_\_ Is the most recent IEP attached? [ ] Yes [ ] No
Date of Most Recent Evaluation IEP \_\_\_\_\_ Is a current MET report attached? [ ] Yes [ ] No
Previous Special Education Program \_\_\_\_\_
Previous Related Services \_\_\_\_\_
Previous Testing (MEAP, MI-ACCESS, etc.): \_\_\_\_\_

PLACEMENT INFORMATION (This section completed by LEA/PSA Administrator)

Resident School District Recommendation:

- [ ] Option 1: The school district recommends implementation of the current individualized education program (IEP) from the previous school district.
[ ] Option 2: The school district recommends the student be placed in an \*appropriate program or service and an individualized education program team (IEPT) meeting be convened within 30 school days of the "Date of Placement."
An IEPT meeting will be convened by: \_\_\_/\_\_\_/\_\_\_\_\_.

\*Recommended appropriate program(s) or service(s):

Table with 3 columns: Name of program/service, Amount of time/frequency, Location

Special transportation: [ ] No [ ] Yes, Special needs: \_\_\_\_\_

[ ] Initial Evaluation: For a student who transfers during the course of an initial evaluation, identify the date by which the evaluation will be completed and IEPT meeting convened: \_\_\_/\_\_\_/\_\_\_\_\_.

CONSENT

\*As parent/guardian, I give permission for my child's temporary enrollment in the school, program and related services listed above. I have been informed of all procedural safeguards and sources to obtain assistance.

Parent/Guardian Signature \_\_\_\_\_ Date of Consent \_\_\_\_\_

Administrator Receiving Consent Statement \_\_\_\_\_ Date Received \_\_\_\_\_

Receiving Providers (Name, Title): \_\_\_\_\_

For Operating School District (for a child placed outside of the resident district):

The Operating School District agrees to the recommendations of the resident school district and will implement the temporary placement.

Operating District Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Note: If the parent does not provide consent for placement, then the school district will implement the student's current individualized education program to the extent possible and an individualized education program team meeting shall be convened to develop a new individualized education program as soon as possible, but not later than 30 school days.