

INTERIM SPECIAL EDUCATION SERVICES

This form must be used for placement of a student from another SELPA or for a student from out of State

Student: _____ Birthdate: ____ / ____ / ____ Age: ____ Grade: ____ Gender: ____

Parent/Guardian: _____ Home Phone: _____ Cell: _____

Address: _____ City: _____ Zip Code: _____

Native Language: _____ EL Yes No Redesignated Yes No Ethnicity _____

Residency: Parent/Guardian FFH LCI Adult Student Other _____

INDICATE DISABILITY/S

_____ 210 ID _____ 220 HH _____ 230 Deaf _____ 240 SLI _____ 250 VI
 _____ 260 ED _____ 270 OI _____ 280 OHI _____ 290 SLD _____ 300 DB
 _____ 310 MD _____ 320 AUT _____ 330 TBI

Annual Due: ____ / ____ / ____

SPED Entry Date: ____ / ____ / ____ Interim Placement to be Reviewed ____ / ____ / ____ Triennial Due: ____ / ____ / ____

Last Placement

_____ School / District / County

_____ Phone

_____ Contact Person

SPECIAL EDUCATION PROGRAM AUTHORIZATION

Temporary placement in the following special education service(s) is authorized, pending action at the next Individualized Education Program Team meeting:

Special Education & Related Services	Start Date	* Frequency	Duration	Location	Service Provider
% of time <i>outside</i> General Ed. class for Sp. Ed services			%		

Whenever a pupil transfers into a district from a district not operating services under the same local plan in which he or she was last enrolled in a special education services within the same academic year, the local educational agency shall provide the pupil with a free appropriate public education, including services comparable to those described in the previously approved individualized education program, in consultation with the parents, for a period not to exceed 30 days, by which time the local educational agency shall adopt the previously approved individualized education program or shall develop, adopt, and implement a new individualized education program that is consistent with federal and state law. (EC 56325)

Name of LEA Representative Making Interim Placement or referring to county for placement:

_____ Signature _____ Position _____ / ____ / ____ Date

_____ SJCOE signature if referred to County Programs _____ / ____ / ____ Date

_____ Parent Signature* _____ Parent Signature _____ / ____ / ____ Date

*Your signature acknowledges receipt of offer of placement