School District Name:

School District Address:

School District Contact Person/Phone #:

Special Education Placement Consent Form - PL1: 3-5 year olds

IEP Dates: from to

Student Name: DOB: SASID:

Team Recommended Special Educational Placements

The Team identified that the majority of the IEP services will be provided in a program in the home for a child who is 3 to 5 years of age.	☐	Home
The Team identified that the majority of the IEP services will be provided in a clinician's office for a child who is 3 to 5 years of age.	☐	Service provider location
The Team identified that some or all IEP services will be provided in the inclusive early childhood program the child is already attending.	☐	IEP services in the inclusive early childhood program
The Team identified that the child should attend an inclusive early childhood program in order to receive some or all IEP services.	☐	Inclusive early childhood program
The Team identified that the child should receive IEP services in a program serving only young children with disabilities.	☐	Substantially separate program
	☐	Public or private day program
The Team identified that the child should attend a special education program in a residential school that only serves children with disabilities.	☐	Residential school

Location(s) for Service Provision and Dates:

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 Date

The placement has been made by a state agency to an institutionalized setting for non-educational reasons.	☐	The Department of Mental Health has placed the child in a hospital psychiatric unit or residential treatment program.
	☐	The Department of Public Health has placed the child in the Pappas Rehabilitation Hospital for Children
A medical doctor has determined that the child must be served in a home setting.	☐	Home-based Program

A medical doctor has determined that the child must be served in a hospital setting.	☐	Hospital-based Program