

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.	<input type="checkbox"/> 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.	<input type="checkbox"/> 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.	<input type="checkbox"/> 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.	<input type="checkbox"/> Inclusive early childhood program
The Team identified that the child should receive IEP services in a program serving only young children with disabilities.	<input type="checkbox"/> Substantially separate program
	<input type="checkbox"/> 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.	<input type="checkbox"/> 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.	<input type="checkbox"/>	The Department of Mental Health has placed the child in a hospital psychiatric unit or residential treatment program.
	<input type="checkbox"/>	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.	<input type="checkbox"/>	Home-based Program

A medical doctor has determined that the child must be served in a hospital setting.

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Hospital-based Program