



YALE PUBLIC SCHOOLS – SPECIAL EDUCATION PERMISSION TO PLACE FORM

STUDENT NAME: _____ BIRTHDATE: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____ PHONE NUMBER: _____

PRIOR DISTRICT: _____ PRIOR SCHOOL: _____ GRADE: _____

TO BE COMPLETED BY SCHOOL DESIGNEE:

Last IEP Date: _____ Last MET Date: _____ Last Eligibility Category: _____

Staff person who verified the above information: _____ Date: _____

Method: Inspection of IEP Phone call to prior district staff: _____

Name Title

We will immediately implement your student's **CURRENT** individualized education program (IEP) *R340.1722e(1)(a)*.

We will immediately place your student in an appropriate program or service and convene an individualized education program team meeting **WITHIN 30 SCHOOL DAYS** to develop an IEP *R340.1722e(1)(b)*.

Comments: _____

CIRCLE TEMPORARY CLASSROOM PROGRAM PLACEMENT PLAN:

RR Resource Room
Rule 340.1749a (elementary)
Rule 340.1749b (secondary)

ECP Early Childhood Program
Rule 340.1754

CI Mild Cognitive Impairment
Rule 340.1740

NCP Non-classroom Early Childhood Services
Rule 340.1755

AMOUNT OF SE CLASSROOM TIME: _____ HOURS PER WEEK

Time in the SE class may vary slightly during these 30 days as we adjust the program to the student's needs.

CIRCLE TEMPORARY SUPPORT SERVICE PLAN:

TC Teacher Consultant
Rule 340.1749
SLI Speech/Language Instruction
Rule 340.1745
HH Homebound/Hospitalized
Rule 340.1746

PT Physical Therapy
OT Occupational Therapy
SSW School Social Work
WS Work Site Based Learning

OTHER _____

SPECIALIZED TRANSPORTATION: NO YES, Specify: _____

PLACEMENT BEGINS ON: _____ FOR 30 SCHOOL DAY UNTIL: _____

TO BE COMPLETED BY THE SPECIAL EDUCATION OFFICE:

These resources are being authorized by: _____
Superintendent or Designee Title

Person responsible for this plan: _____ at _____
Primary Special Education Provider School

REQUEST FOR PARENT CONSENT:

I GIVE PERMISSION for the immediate placement of my child & for the release of his/her Special Education records to Yale Public Schools.

I REFUSE PERMISSION for this immediate placement of my child.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____