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| **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**

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| 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:

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| Placement ConsentParent Options / Responses |
| **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 |

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| **Other Authority Required Placements****Note: These non-educational placements are not determined by the Team and therefore service delivery may be limited and consent is not required.** |
| 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 |