**Placement Consent Form:** aged 5 (enrolled in kindergarten) and aged 6 through 21

**IEP Dates from**       **to**

|  |  |
| --- | --- |
| **Student Information** | |
| Student Name: | Student Date of Birth: |
| Student ID#: | Grade Level: |

|  |  |
| --- | --- |
| [**Special Education Team – Educational Placements**](https://sites.ed.gov/idea/regs/b/d/300.321) | [**Corresponding Placement**](http://www.doe.mass.edu/lawsregs/603cmr28.html?section=02#(12)) |
| The Team identified that IEP services are provided outside the general education classroom less than 21% of the time (80% inclusion). | Full Inclusion Program |
| The Team identified that IEP services are provided outside the general education classroom at least 21% of the time, but no more than 60% of the time. | Partial Inclusion Placement |
| The Team identified that IEP services are provided outside the general education classroom for more than 60% of the time. | Substantially Separate Classroom |
| The Team identified that all IEP services should be provided outside the general education classroom and in a public or private separate school that only serves students with disabilities. | Separate Day School – Public  Separate Day School – Private |
| The Team identified that IEP services require a 24-hour special education program. | Residential School |
| The Team has identified a mix of IEP services that are not provided in primarily school-based settings but are in a neutral or community-based setting. | Other: |

|  |  |
| --- | --- |
| [**Parent Options/Responses**](https://sites.ed.gov/idea/regs/b/e/300.501/c) | |
| **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.** | |
| I **consent** to the placement. | |
| I **refuse** the placement. | |
| I **request a meeting to discuss** the refused placement. | |
| **X** | | |
| **Signature of Parent(s), Guardian, Educational Surrogate Parent, or Student 18 and Over\***  \**student signature is required once a student reaches 18 unless there is a court-appointed guardian* | | **Date** |

|  |
| --- |
| **Must be completed by LEA:** Specific Location(s) for Service Provision and Dates: |

|  |  |
| --- | --- |
| [**Other Authority**](https://sites.ed.gov/idea/regs/b/b/300.145) **– Required Placements** [Note:](https://sites.ed.gov/idea/regs/b/b/300.154/c) Required placements are not educational placements and are not determined by the Team. Service delivery at required placements may be limited/different. | |
| The placement has been made by a state agency to an institutionalized setting for non-educational reasons. | The Department of Youth Services has placed the student in a facility for committed or detained youth. |
| The Department of Mental Health has placed the student in a hospital psychiatric unit or residential treatment program. |
| The Department of Public Health has placed the student in the Pappas Rehabilitation Hospital for Children. |
| The student is incarcerated in the county house of corrections or in a department of corrections facility. |
| The placement has been made by a state agency to another setting for non-educational reasons. | Department of Children and Families |
| A doctor has determined that the student must be served in a home setting. | Home-based Program |
| A doctor has determined that the student must be served in a hospital setting. | Hospital-based Program |
| *Other Authority Placement – Location(s) for Service Provision and Dates (Must be Completed)*: | |