# REQUEST FOR CLARIFICATION OF ASSIGNMENT OF SCHOOL DISTRICT RESPONSIBILITYUNDER 603 CMR 28.10

**LEA Assignment Applicant Information**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Information**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SASID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F \_\_\_ Non-Binary**

**Current Residence**

**Name of Current Residence, Institution, Address:**

**Facility, OR Foster Parents/Relative and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Residence Type:**

**DCF Foster Placement \_\_ Yes \_\_ No \_\_ Non-DCF Group Home**

**\_\_** **Residential School \_\_ Relative’s Home (parent or other) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Placed in Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***ESSA Best Interest Determination for Students in DCF Foster Care***

**Is the student continuing to attend the school of origin? \_\_Yes \_\_ No\* (DESE DCF** [**joint guidance **](http://www.doe.mass.edu/sfs/foster/guidance.docx)**)**

**\*Has the required best interest determination meeting been held? \_\_\_ Yes \_\_\_ No\*\***

**Current district of enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* ESSA requires that foster care students continue to attend their school of origin, unless after a collaborative decision-making process it is determined to be in the student's best interest to enroll in and attend school in the district in which a foster care provider or facility is located (if different).**

**\*\*After the best interest determination, requests for clarification of school district responsibility for a student’s special education services can be directed to DESE’s Office of Special Education Policy and Planning.**

**Educational Placement - See IEP PL 1:**

**\_\_ Full Inclusion Program \_\_ Partial Inclusion Program \_\_ Substantially Separate Classroom**

**\_\_ Separate Day School \_\_ Residential School**

 **\_\_ public \_\_ private \_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current School of Attendance Information**

**Current School of Attendance: Address:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Residence and Enrollment History Previous Three Years Minimum**

**Residence – Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School of Attendance – Name and Address:**

**and Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date From / Date to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date From / Date to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District of Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Residence – Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School of Attendance – Name and Address:**

**and Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Residence – Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School of Attendance – Name and Address:**

**and Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please attach additional documentation, if necessary.**

**Parent 1 Parent Information**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Biological \_\_\_ Adoptive**

**Deceased? \_\_\_**  Yes \_\_\_ No **Rights surrendered or terminated? \_\_**Yes \_\_No

**If yes, date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, address at time of death:\_\_\_\_\_\_\_\_\_\_\_ If yes, address at time of termination: \_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Parent 1 Residence History* – at least three years, starting with current residence.**

**Please explain gaps.**

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**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date From / To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please attach additional documentation, if necessary.**

**Parent 2 Parent Information**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Biological \_\_\_ Adoptive**

**Deceased? \_\_\_**  Yes \_\_\_ No **Rights surrendered or terminated? \_\_**Yes \_\_No

**If yes, date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Parent 2 Residence History* – at least three years, starting with current residence.**

**Please explain gaps.**

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**Please attach additional documentation, if necessary.**

**GUARDIANSHIP – Legal Guardianship Appointed by the Probate Court**

**Legal guardian appointed? \_\_** Yes \_\_ No **Date of guardianship certificate: \_\_\_\_\_\_\_\_\_\_\_\_**

**Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_** Permanent \_\_ Temporary

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Still in effect? \_\_**  Yes \_\_ No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If no, date terminated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**REQUIRED DOCUMENTATION**

**Document Attached? .**

**IEP Please do not submit the student’s IEP in its entirety.**

**PL1 \_\_\_ Attached**

**Response Section –Showing acceptance of IEP \_\_\_ Attached**

**Administrative Data Sheet**  **\_\_\_ Attached**

**Parental Custody Agreement (if applicable) \_\_\_ Attached**

**Other Custodial Order (if applicable) \_\_\_ Attached**

**Legal Guardianship Certificate (if applicable) \_\_\_ Attached**

**Caregiver Affidavit (if applicable) \_\_\_ Attached**

**Voluntary Surrender documentation (if applicable) \_\_\_ Attached**

**Please attach any additional information that might assist DESE in making this LEA assignment of school district responsibility.**

**Submit this completed form and all relevant documentation to:**

**Via email:** **LEAassignment@mass.gov**

**Via regular mail: LEA Assignment Coordinator**

**Office of Special Education Planning and Policy**

**Massachusetts Department of Elementary and Secondary Education**

**135 Santilli Highway**

**Everett, MA 02149**