**REQUEST FOR CLARIFICATION OF ASSIGNMENT OF SCHOOL DISTRICT RESPONSIBILITY**

**UNDER 603 CMR 28.10**

**Please type or print clearly.**

| **LEA ASSIGNMENT APPLICANT INFORMATION** |
| --- |
| **Name:** | **Title:** (if applicable)  |
| **Agency/Organization:** (if applicable) | **Address:** |
| **Email:** | **Phone:**  |

| **STUDENT INFORMATION** |
| --- |
| **Name:** |
| **DOB:**  | **Gender:** [ ]  M [ ]  F [ ]  Non-Binary |
| ***Current Residence*** |
| **Name of Current Residence, Institution, Facility, OR Foster Parents/Relative and relationship:** | **Address:** |
| **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:** |
| ***Current School Attendance*** |
| ***ESSA Best Interest Determination for Students in DCF Foster Care*** |
| **Is the student continuing to attend the school of origin?** [ ]  Yes [ ]  No\***\* DESE and DCF** [joint guidance Download Word Document](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.**

| **STUDENT INFORMATION - continued** |
| --- |
| ***Current School Information*** |
| **Current School of Attendance:** | **Address:** |
| **Date Began:** |
| **Educational Placement - See IEP PL 1:** [ ]  Full Inclusion Program [ ]  Partial Inclusion Program [ ]  Substantially Separate Classroom[ ]  Separate Day School - [ ]  Residential School [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  public [ ]  private  |
| ***Student Residence and Enrollment History* – Previous 3 years** |
| **Residence – Type and Address****Date From / Date To:** | **School of Attendance – Name and Address** **Date From / Date To:****District of Enrollment:**  |
| **Residence – Type and Address****Date From / Date To:** | **School of Attendance – Name and Address** **Date From / Date To:****District of Enrollment:**  |
| **Residence – Type and Address****Date From / Date To:** | **School of Attendance – Name and Address** **Date From / Date To:****District of Enrollment:**  |
| **Residence – Type and Address****Date From / Date To:** | **School of Attendance – Name and Address** **Date From / Date To:****District of Enrollment:**  |

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

| ***PARENT INFORMATION*** |
| --- |
| ***PARENT 1*** |
| **Name:** | [ ]  Biological [ ]  Adoptive |
| **Deceased?** [ ]  Yes [ ]  No**If yes, date:** **If yes, address at time of death:** | **Rights surrendered or terminated?** [ ]  Yes [ ]  No**If yes, date:** **If yes, address at time termination of rights:** |
| ***Parent 1 Residence History* – at least three years, starting with current residence. Please explain gaps.**  |
| **Address:** | **Date From / Date To:** |
| **Address:** | **Date From / Date To:** |
| **Address:** | **Date From / Date To:** |
| **Address:** | **Date From / Date To:** |
| **Address:** | **Date From / Date To:** |
| **Address:** | **Date From / Date To:** |

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

| ***PARENT INFORMATION*** |
| --- |
| ***PARENT 2*** |
| **Name:** | [ ]  Biological [ ]  Adoptive |
| **Deceased?** [ ]  Yes [ ]  No**If yes, date:** **If yes, address at time of death:** | **Rights surrendered or terminated?** [ ]  Yes [ ]  No**If yes, date:** **If yes, address at time termination of rights:** |
| ***Parent 2 Residence History* – at least three years, starting with current residence. Please explain gaps.**  |
| **Address:** | **Date From / Date To:** |
| **Address:** | **Date From / Date To:** |
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| **Address:** | **Date From / Date To:** |

**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:**  |

| ***REQUIRED DOCUMENTATION*** |
| --- |
| ***Document*** | ***Attached*** |
| **IEP*****Please do not submit the student’s IEP in its entirety.***  |  [ ]  PL1  [ ]  Response Section Only  Showing acceptance of IEP [ ]  Administrative Data Sheet |
| **Parental Custody Agreement (if applicable)** |  [ ]  |
| **Other Custodial Order (if applicable)** |  [ ]  |
| **Legal Guardianship Certificate (if applicable)** |  [ ]  |
| **Caregiver Affidavit (if applicable)** |  [ ]  |
| **Voluntary Surrender documentation (if applicable)** |  [ ]  |

**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**

**75 Pleasant Street**

**Malden, MA 02148-5023**