**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)](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:** |
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| **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:** |
| **Address:** | | **Date From / Date To:** |
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| **Address:** | | **Date From / Date To:** |
| **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**](mailto: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**