**Placement Consent Form:** aged 3-5

**IEP Dates from**       **to**

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

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| **Team Recommended Special Education Placements** |
| 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 |

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| [**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** |

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

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| [**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. |
| [ ] he 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)*:             |