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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School District Name:** | |  | | | | | | | | | | | |
| **School District Address:** | | |  | | | | | | | | | | |
| **School District Contact Person/Phone #:** | | | | |  | | | | | | | | |
| **Special Education Placement Consent Form - PL1: 3-5 year olds** | | | | | | | | | | | | | |
|  | | | | IEP Dates: from | |  | | to |  | |  | | |
| Student Name: |  | | | | | | DOB: | | |  | | SASID: |  |

**Team Recommended Special Educational Placements**

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| --- | --- | --- |
| 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 |

Location(s) for Service Provision and Dates:

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|  |
| Placement Consent  Parent Options / Responses |
| **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. Thank you.** |
| I consent to the placement.  I refuse the placement.  I request a meeting to discuss the refused placement. |
| Signature of Parent, Guardian, Educational Surrogate Parent Date |

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| --- | --- | --- |
| **Other Authority Required Placements**  **Note: These non-educational placements are not determined by the Team and therefore service delivery may be limited and consent is not required.** | | |
| The placement has been made by a state agency to an institutionalized setting for non-educational reasons. |  | The Department of Mental Health has placed the child in a hospital psychiatric unit or residential treatment program. |
|  | The Department of Public Health has placed the child in the Pappas Rehabilitation Hospital for Children |
| A medical doctor has determined that the child must be served in a home setting. |  | Home-based Program |
| A medical doctor has determined that the child must be served in a hospital setting. |  | Hospital-based Program |