|  |  |  |  |
| --- | --- | --- | --- |
| **School District Name:** |  | | |
| **School District Address:** | |  | |
| **School District Contact Person/Phone #:** | | |  |

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| --- | --- | --- | --- | --- | --- |
| **Placement Consent Form – PL 1:  Aged 5 (enrolled in kindergarten) and aged 6 through 21** | | | | | |
|  | IEP Dates: from |  | to |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: |  | | | DOB: |  | | SASID: | |  | |
| [**Special Education Team – Educational Placements**](https://sites.ed.gov/idea/regs/b/d/300.321) | | | | | | | [Corresponding Placement](http://www.doe.mass.edu/lawsregs/603cmr28.html?section=02#(12)) | | | | | |
| The Team identified that IEP services are provided outside the general education classroom less than 21% of the time (80% inclusion). | | | | | | |  | | Full Inclusion Program | | | |
| The Team identified that IEP services are provided outside the general education classroom at least 21% of the time, but no more than 60% of the time. | | | | | | |  | | Partial Inclusion Program | | | |
| The Team identified that IEP services are provided outside the general education classroom for more than 60% of the time. | | | | | | |  | | Substantially Separate Classroom | | | |
| The Team identified that all IEP services should be provided outside the general education classroom and in a public or private separate school that only serves students with disabilities. | | | | | | |  | | Separate Day School  Public or Private | | | |
| The Team identified that IEP services require a 24-hour special education program. | | | | | | |  | | Residential School | | | |
| The Team has identified a mix of IEP services that are not provided in primarily school-based settings but are in a neutral or community-based setting. | | | | | | |  | | Other: | | | |
|  | | | | | | |  | |  | | | |
| [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. 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, Student 18 and Over\* Date  \**Required signature once a student reaches 18 unless there is a court appointed guardian*. | | | | | | | | | | | | |
| **Must Be Completed by LEA**  Specific Location(s) for Service Provision and Dates: | | | | | | | | | | | | |
|  | | | | | | | | | | | |
| [**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. | | | | | | | | | | | |
| The placement has been made by a state agency to an institutionalized setting for non-educational reasons. | | | |  | The Department of Youth Services has placed the student in a facility for committed or detained youth. | | | | | | |
|  | | | |  | The Department of Mental Health has placed the student in a hospital psychiatric unit or residential treatment program. | | | | | | |
|  | | | |  | The Department of Public Health has placed the student in the Pappas Rehabilitation Hospital for Children. | | | | | | |
|  | | | |  | The student is incarcerated in the county house of corrections or in a department of corrections facility. | | | | | | |
| The 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)*: | | | | | | | | | | | |