

School District Name:

School District Address:

School District Contact Person/Phone #:

## Team Determination of Educational Placement

IEP Dates: from \_\_\_\_\_ to \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

Team Recommended Educational Placements	Corresponding Placement
The Team identified that IEP services are provided outside the general education classroom less than 21% of the time (80% inclusion).	<input type="checkbox"/> 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.	<input type="checkbox"/> Partial Inclusion Program
The Team identified that IEP services are provided outside the general education classroom for more than 60% of the time.	<input type="checkbox"/> Substantially Separate Classroom
The Team identified that all IEP services should be provided outside the general ed. classroom and in a separate school that only serves students with disabilities.	<input type="checkbox"/> Day School
The Team identified that IEP services require a 24-hour education program.	<input type="checkbox"/> Residential School
The Team identified home-based IEP services for a student who is 3 to 5 years of age.	<input type="checkbox"/> Home-based Early Childhood Program
The Team identified IEP services provided in a program outside of the home for a student who is 3 to 5 years of age.	<input type="checkbox"/> Center-based Early Childhood Program
The Team has identified a mix of IEP services that are not provided in primarily school-based settings.	<input type="checkbox"/> Other:

Other Authority Required Placements (Non-Educational)	Corresponding Placement
The placement has been made by a state agency to an institutionalized setting for non-educational reasons.	<input type="checkbox"/> Institutionalized Setting Specify agency:
A doctor has determined that the student must be served in a home setting.	<input type="checkbox"/> Home-based Program
A doctor has determined that the student must be served in a hospital setting.	<input type="checkbox"/> Hospital-based Program

## Placement Consent Form

Specific Program Location(s) and Dates:

### 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 decision.
- I refuse the placement decision.
- I request a meeting to discuss the refused placement decision.

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.*