LEWIS CAS INTERMEDIATE SCHOOL DISTRICT
VERIFICATION OF PREVIOUS SPECIAL EDUCATION
ENROLLMENT & TEMPORARY PLACEMENT

Student Name:_____ School District:_____

Birthdate:_____ Sex:____ Race:_____Grade:____ Building:_____ SS#_____

Parent/Guardian: _____ Phone:_____ Native Language: _____

Address:_____City:_____

I request a special education program and services for the student named above when previous special education eligibility and placement have been verified. I understand that an Individualized Educational Planning Team meeting, which I am part of, will be conducted within thirty (30) school days of placement. I consent to an additional evaluation by a multidisciplinary evaluation team, if needed. I understand that I have the opportunity to participate and provide information at meetings to discuss identification, evaluation, educational placement, reevaluation, and the appropriate education of my child. I have received a copy of the Parent Handbook for Special education which includes all procedural safeguards.

_____ _____
□ Parent □ Guardian □ Student Signature Date

VERIFICATION

Previous enrollment at: _____ Name of School and District: _____

Address:_____ Phone #: _____Person to Contact:_____

Student's eligibility:_____ Services and/or programs student received: _____

This was certified by:
□ Phone □ Parent copy of valid IEP □ Other-specify □ Not verifiable (enter "not verified" in program section)
MET Date:_____

Categorical Program:	□ R340.1738 SCI	□ R340.1739 MoCI	□ R340.1740 MiCI
	□ R340.1741 EI	□ R340.1742 HI	□ R340.1743 VI
	□ R340.1744 PI	□ R340.1744 OHI	□ R340.1747 LD
	□ R340.1748 SXI	□ R340.1754 ECDD	□ R340.17 AU
Resource Program	□ R340.1749a Elem/RR		□ R340.171749b Sec/RR

SPECIAL EDUCATION ASSIGNMENT

The student will be assigned to _____ (special education teacher)
The student will receive the following programs or services: (Refer to Parent Handbook for explanation of initials)

Hours per week in Special Education_____Hours per week in General Education_____

Ancillary and Related Services/Instructional Services:

□ R340.1745 Speech & Language	□ R340.1701a(h) Occupational Therapy	□ R340.1701 Other Related Services
□ R340.1749 Teacher Consultant	□ R340.1701a(m) Physical Therapy	□ R340.1732 ISD Plan Program/Service
□ R340.176 Homebound/Hospitalized	□ R340.1755 ECDS	

_____ _____
Signature of Staff Member Verifying Data Date

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