



PREVIOUS ENROLLMENT/TEMPORARY PLACEMENT IN SPECIAL EDUCATION

Lewis Cass Intermediate School District

Student Name _____ Date of Placement _____
Birthdate _____ Grade _____ District/School _____

CURRENT STUDENT INFORMATION

Student Address _____ City _____ Zip _____
Student ID _____ Native Language of Student _____
Gender _____ Race _____ Place of Birth _____ Native Language of Parent/Guardian _____
Parent/Guardian _____ Phone: _____ (Home) _____ (Work) _____
Parent/Guardian Address _____ City _____ Zip Code _____

PREVIOUS SCHOOL INFORMATION

Previous School District _____ Contact Person _____
Previous School Building _____ Teacher _____ Grade _____
School Address _____
School Phone _____ School Fax _____
Primary Disability of Student _____ Secondary Disability, If Any _____
Date of Most Recent Evaluation IEP _____ Is a current MET report attached? Yes No
Date of Most Recent IEP _____ Is the most recent IEP attached? Yes No
Previous Special Education Program _____
Previous Related Services _____

PLACEMENT INFORMATION

The school district recommends implementation of the current individualized education program (IEP) from the previous school district.
The current IEP has been reviewed and deemed appropriate by _____ (Special Education Coordinator/Service Provider).

- OR -

The school district recommends the student be placed in the program and services listed below. An Individualized Education Program (IEP) Team meeting will be held by _____ (within 30 school days of the Special Education Coordinator's signature).

The recommended appropriate program(s) or service(s) include:

<u>Name of program/service</u>	<u>Amount of time/frequency</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special transportation: No Yes, Special needs: _____

Other considerations: _____

CONSENT

*As parent/guardian, I give permission for my child's temporary enrollment in the school, program and related services listed above. I have been informed of all procedural safeguards and sources to obtain assistance.

Parent/Guardian Signature _____ Date of Consent _____

Administrator Receiving Consent Statement _____ Date Received _____