

 **PREVIOUS ENROLLMENT/TEMPORARY PLACEMENT IN SPECIAL EDUCATION**
Lewis Cass Intermediate School District

Student Name _____ U.I.C. # _____ 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 with the following programs and services listed below. 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 must be held by _____ (within 30 school days of the Special Education Coordinator's and parent's signature). It is mandatory that the IEP be scheduled at a mutually agreed upon time and place. Please indicate a date and time that is convenient for parents/guardians and service providers _____.

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

<u>Name of Program/Service</u>	<u>Amount of Time/Frequency</u>	<u>Provider</u>	<u>Location</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Hours in School Week _____ Total Hours in Special Education _____ Total Hours in General Ed. _____

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 _____

Send completed form to LCISD for data entry. Copies to be distributed to:
 Parent/Legal Guardian ♦ CA-60 ♦ Evaluation Team Members ♦ Teacher/Service Provider(s)