

INTERIM SPECIAL EDUCATION SERVICES

*This form must be used for placement of a student from another SELPA or for a student from out of State

Student: _____ Birthdate: _____ Age: __ Grade: _____ Gender: Male Female

Parent/Guardian: _____ Home Phone: _____ Cell: _____

Address: _____ City: _____ Zip Code: _____

Native Language: _____ EL Yes No Redesignated: Yes No Ethnicity: _____

Residency: Parent/Guardian FFH LCI Adult Student Other _____

INDICATE DISABILITY/S _____

SPED Entry Date: _____ Interim Placement to be Reviewed _____ Triennial Due: _____

Last Placement

 School / District / County

 Phone

 Contact Person

SPECIAL EDUCATION PROGRAM AUTHORIZATION

Temporary placement in the following special education service(s) is authorized, pending action at the next Individualized Education Program Team meeting:

% of time outside General Ed. class for Sp.Ed services _____

Whenever a pupil transfers into a district from a district not operating services under the same local plan in which he or she was last enrolled in a special education services within the same academic year, the local educational agency shall provide the pupil with a free appropriate public education, including services comparable to those described in the previously approved individualized education program, in consultation with the parents, for a period not to exceed 30 days, by which time the local educational agency shall adopt the previously approved individualized education program or shall develop, adopt, and implement a new individualized education program that is consistent with federal and state law. (EC 56325)

Name of LEA Representative Making Interim Placement: _____

 Signature

 Position

 Date