

**STATE SELPA IEP TEMPLATE
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 Name _____ **Date of Birth** ___/___/_____
 Age _____ Grade _____ Gender _____
 School of Attendance _____ School of Residence _____ Transportation: Special Ed. Yes No
 Parent / Guardian _____ Home Phone _____ Cell Phone _____
 Home Address _____ City _____ State, Zip _____
 Native Language _____ EL Yes No Redesignated Yes No
 Ethnicity _____ Residency Parent/Guardian FFH LCI Adult Student Other

INDICATE DISABILITY/IES (P = Primary, S = Secondary) Note: For Initial and triennial IEPs, assessment must be done and discussed by IEP Team before determining eligibility.

_____ 210 ID _____ 220 HH * _____ 230 Deaf * _____ 240 SLI _____ 250 VI *
 _____ 260 ED _____ 270 OI* _____ 280 OHI _____ 290 SLD _____ 300 DB *
 _____ 310 MD _____ 320 AUT _____ 330 TBI _____ 281 Est. Med. Dis. (0-5)

* Low Incidence Disability

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

Special Education Service	Frequency	Duration	Location	Start Date	End Date	Service Provider

_____ % 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 _____ Date ___/___/_____
 Position _____

Parent Signature _____ Date ___/___/_____
 Parent Signature _____