

INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP) PLACEMENT

Student: _____ ID#: _____ Grade: _____ DOB: _____ DATE: _____

PLACEMENT

PLACEMENT CONSIDERATIONS

- | | | |
|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> Select | <input type="checkbox"/> Reject | Regular class with supplementary aids and services (no removal) |
| <input type="checkbox"/> Select | <input type="checkbox"/> Reject | Regular class and special education class (e.g., resource) combination |
| <input type="checkbox"/> Select | <input type="checkbox"/> Reject | Self-contained program |
| <input type="checkbox"/> Select | <input type="checkbox"/> Reject | Special School |
| <input type="checkbox"/> Select | <input type="checkbox"/> Reject | Residential |
| <input type="checkbox"/> Select | <input type="checkbox"/> Reject | Hospital |
| <input type="checkbox"/> Select | <input type="checkbox"/> Reject | Home |
| <input type="checkbox"/> Select | <input type="checkbox"/> Reject | Other: _____ |

PERCENTAGE OF TIME IN REGULAR EDUCATION ENVIRONMENT

The student will spend _____ % of his or her school day in the regular education environment.

JUSTIFICATION FOR PLACEMENT INVOLVING REMOVAL FROM REGULAR EDUCATION ENVIRONMENTS*

Explain why the IEP goals and objectives cannot be implemented in regular education environments, including the reasons why the team rejected a less restrictive placement. Include an explanation of any harmful effects on the learning of this or other students which affected the placement selection

*Regular education environments include academic classes (which might include field trips linked to the curriculum), nonacademic settings (such as recess), and extracurricular activities (for example, sports, after-school clubs, band, etc.).

IEP IMPLEMENTATION

- ☐ Parent/Guardian attended via telephone conference.
- ☐ As the parent, I agree with the components of this IEP. I understand that its provisions will be implemented as soon as possible after the IEP goes into effect.
- ☐ As the parent, I disagree with all or part of this IEP. I understand that the school district must provide me with written notice of any intent to implement this IEP. If I wish to prevent the implementation of this IEP, I must submit a written request for a due process hearing to the local school district superintendent.
- ☐ Parent did not attend the meeting.

Parent Signature _____

☐ A copy of this IEP was provided to the student's parent on: _____ by: _____