## **CLARK COUNTY SCHOOL DISTRICT**

Las Vegas, Nevada

## **Student Services Division**

**ADDITIONAL PLACEMENT** 

tudent:	ID#:	Grade:	DOB:	DATE:
	PLACEMENT CONSIDERATIONS			PERCENTAGE OF TIME
Selected Rejected	Regular class with supplementary aids and services (r	no removal)	"	N REGULAR EDUCATION ENVIRONMENT
Selected Rejected	Regular class and special education class (e.g., resou	rce) combination		
Selected Rejected	Self-contained program			ent will spend % of his or her school day in
Selected Rejected	Special School		the regula	ar education environment.
Selected Rejected	Residential			
Selected Rejected	Hospital			
Selected Rejected	Home			
Selected Rejected	Other			
	. ,	o the curriculum), nonacadem		
IEP IMPLEMENTATION				
Parent/Guardian attended via telephor	ne 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.				
Parent Signature:				
A copy of this IEP was provided to the student's parent on: by:				

From \_\_\_\_\_ to \_\_\_\_