

NOTICE OF TEMPORARY PLACEMENT (Parent Consent Form)

Student Name: _____ Grade: _____ DOB: _____ ID#: _____

Prior School District: _____

Based on a review of the current IEP dated _____ and evaluation (if available) dated _____ provided by _____, the student has been identified with the following special education eligibility:

PARENT/SCHOOL DISTRICT

- | | | |
|--|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Speech and Language Impairment |
| <input type="checkbox"/> Deaf/Blind | <input type="checkbox"/> Intellectual Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Multiple Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Health Impairment | | <input type="checkbox"/> Non-Categorical |

The following temporary placement will be made pending formal diagnostic review of eligibility data as required by the Nevada Administrative Code (NAC).

Recommended Placement: _____

Home-Zoned School: _____

Transportation Required: Yes No

Documented need for ESY: Yes No

The following related services identified in the student's most recent IEP will be provided during the temporary placement period.

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Assistive Technology | |
| <input type="checkbox"/> Counseling as a Related Service | <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Other: _____ |

The recommended grade level is: _____

I have received a copy of the Explanation of Procedural Safeguards.

PARENT/GUARDIAN SIGNATURE

DATE

ADDRESS

PHONE

Reviewed by: _____
PRINCIPAL OR DESIGNEE (*person completing form*)

TITLE

NAME

TITLE

SIGNATURE