

**SPRING LAKE PUBLIC SCHOOL DISTRICT
Previous Enrollment / Temporary Placement
FOR SPECIAL EDUCATION SERVICES**

Student: _____	Receiving School: _____	Date: ___/___/___
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<u>Current Student Information</u>		
Address: _____	City: _____	Zip Code: _____
Student's D.O.B.: _____	Native Language: _____	Race: _____
Parent(s): _____	Home Phone: _____	Work Phone: _____

<u>Previous School Information</u>		
Previous District: _____	Address: _____	Phone: _____
City / State: _____	Zip Code: _____	Grade: _____
Previous Special Education Program(s)/Related Services: _____		

<u>Current IEP Information</u>		
Date of current IEP: _____	Date of current MET: _____	Disability: _____

<u>Receiving School Information</u>		
School building: _____	Contact Person: _____	Teacher: _____

School District Recommendation:

The school district recommends implementation of the current individualized education program. (IEP from previous school district)

Or

The school district recommends the student be placed in an appropriate program or service and an individualized education program team (IEPT) meeting be convened within 30 school days.

* An IEPT meeting will be convened by: ___ / ___ / ___

* The recommended appropriate program(s) or service(s) include:

<u>Name of program/service</u>	<u>Amount of time/frequency</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special transportation: No Yes, Special needs: _____

Other considerations:

Consent:

Parent(s) / Guardian: _____ Date: _____

Administrator Receiving Consent: _____ Date: _____

*Note: If the parent does not provide consent for placement, then the school district will implement the student's current individualized education program to the extent possible and an individualized education program team meeting shall be convened to develop a new individualized education program as soon as possible, but not later than 30 school days.