

CALAVERAS COUNTY SPECIAL EDUCATION LOCAL PLAN AREA

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

Previous Placement:

IEP Date: _____ Last Psych Report: _____
Program: _____ District: _____
School: _____ Address: _____
Telephone: _____ Contact: _____
(Name)
(Title)

Date Records Requested: _____

Student Information:

Student Name: _____ Date of Birth: _____ Age: _____ Grade: _____
School of Attendance: _____ School of Residence: _____
Sp.Ed. Transportation: Y ☐ N ☐ Parent/Guardian: _____ Home Phone: _____
Cell Phone: _____ Home Address: _____ City: _____ Zip Code: _____
Native Language: _____ EL: Y ☐ N ☐ Redesignated: Y ☐ N ☐ Ethnicity: _____ Residency: _____
Sp.Ed. Entry Date: _____ Interim Placement to be reviewed: _____ Triennial Due: _____

Indicate Disability/s:

210 ID	220 HH	230 Deaf	240 SLI	250 VI
260 ED	270 OI	290 SLD	300DB	310MD
320AUT	330 TBI			

Based on this information, the following interim placement is recommended:

Program: _____ Grade: _____ Case Manager: _____
School Site: _____

Transportation:

Type: _____ Provider: _____
Comments: _____

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:

Service: _____ Start Date: _____ End Date: _____
Provider: _____ Ind ☐ Grp ☐
Duration/Freq: _____ Location: _____
Comments: _____

Service: _____ Provider: _____ Duration/Freq: _____ Comments: _____	Start Date: _____ End Date: _____ Ind <input type="checkbox"/> Grp <input type="checkbox"/> Location: _____
Service: _____ Provider: _____ Duration/Freq: _____ Comments: _____	Start Date: _____ End Date: _____ Ind <input type="checkbox"/> Grp <input type="checkbox"/> Location: _____
Service: _____ Provider: _____ Duration/Freq: _____ Comments: _____	Start Date: _____ End Date: _____ Ind <input type="checkbox"/> Grp <input type="checkbox"/> Location: _____
Service: _____ Provider: _____ Duration/Freq: _____ Comments: _____	Start Date: _____ End Date: _____ Ind <input type="checkbox"/> Grp <input type="checkbox"/> Location: _____
Service: _____ Provider: _____ Duration/Freq: _____ Comments: _____	Start Date: _____ End Date: _____ Ind <input type="checkbox"/> Grp <input type="checkbox"/> Location: _____

☐ **Additional Services Attached**

_____% 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. (EG 56325). Name of LEA Representative Making Interim Placement: _____

This interim placement shall be effective commencing _____. An IEP Team Meeting shall convene within 30 days to review records and confirm the appropriateness of the program.

- ☐ I agree with the interim education program
- ☐ I refuse the proposed interim education program

Parent Signature: _____ Date: _____

Street Address: _____ Telephone: _____

City, State, Zip: _____ Residence: Parent/Guardian Foster LCI
(Circle One)

Interim Placement approved by:

Administrator: _____ Date: _____

School: _____ School District: _____

***If a student is placed in a program outside of the District of Residence, Intra-Inter-SELPA Permit (SE1007/SER) must be completed.**

Distribution: Original: Special Education Administrative Unit
Copy: Parent
Copy: Special Education Teacher

Service: _____	Start Date: _____ End Date: _____
Provider: _____	Ind <input type="checkbox"/> Grp <input type="checkbox"/>
Duration/Freq: _____	Location: _____
Comments: _____	
Service: _____	Start Date: _____ End Date: _____
Provider: _____	Ind <input type="checkbox"/> Grp <input type="checkbox"/>
Duration/Freq: _____	Location: _____
Comments: _____	
Service: _____	Start Date: _____ End Date: _____
Provider: _____	Ind <input type="checkbox"/> Grp <input type="checkbox"/>
Duration/Freq: _____	Location: _____
Comments: _____	
Service: _____	Start Date: _____ End Date: _____
Provider: _____	Ind <input type="checkbox"/> Grp <input type="checkbox"/>
Duration/Freq: _____	Location: _____
Comments: _____	
Service: _____	Start Date: _____ End Date: _____
Provider: _____	Ind <input type="checkbox"/> Grp <input type="checkbox"/>
Duration/Freq: _____	Location: _____
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Service: _____	Start Date: _____ End Date: _____
Provider: _____	Ind <input type="checkbox"/> Grp <input type="checkbox"/>
Duration/Freq: _____	Location: _____
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Duration/Freq: _____	Location: _____
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Service: _____	Start Date: _____ End Date: _____
Provider: _____	Ind <input type="checkbox"/> Grp <input type="checkbox"/>
Duration/Freq: _____	Location: _____
Comments: _____	
Service: _____	Start Date: _____ End Date: _____
Provider: _____	Ind <input type="checkbox"/> Grp <input type="checkbox"/>
Duration/Freq: _____	Location: _____
Comments: _____	