

Request for Immediate Special Education Placement

SECTION 1: This portion completed by Parent/Guardian at Enrolling School

| Student Information | |
|---------------------|--|
| First Name | |
| Last Name | |
| Birthdate | |
| Age | |
| Street Address | |
| City/State/Zip | |

| Parent/Guardian Information | |
|-----------------------------|--|
| First Name | |
| Last Name | |
| Email Address | |
| Home Phone | |
| Work Phone | |
| Mobile Phone | |

| Previous School District Information | |
|--------------------------------------|--|
| District | |
| School | |
| Street Address | |
| City/State/Zip | |
| Phone Number | |
| Fax Number | |

| Midland Public School Information | |
|-----------------------------------|--|
| Enrolling School | |
| Grade | |

I give permission for release of confidential school records to include: Special education file, IEP's and MET reports from the previous school district. Parental permission is not required, however, when records are requested by authorized school personnel in compliance with "Federal Education Rights & Privacy Act, Final Rule on Education Records which states that schools may send a student's education record to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record, if desired, and have an opportunity to challenge the content of the record. Federal Register, June 17, 1976; Vol. 41, No. 118, Page 24675."

I understand I will have opportunity to offer input regarding my child's special education placement in Midland Public Schools.

Signature of Parent/Guardian or Student if 18 years of age or older Date

***** Once above is completed, please fax or mail to Special Services *****

SECTION 2: This portion to be completed by Special Education Office

Verified By _____

Current MET Date _____

Most Recent IEP Date _____

Program _____

Program Frequency _____

Service _____

Service Frequency _____

Eligibility _____

Current Met Attached Yes No

Most Recent IEP Attached Yes No

Service _____

Service Frequency _____

Service _____

Service Frequency _____

Check this box if additional space is needed for Services and use back or attach additional sheet

| MIDLAND PUBLIC SCHOOLS ASSIGNMENT | |
|-----------------------------------|--|
| Program | |
| Rule | |
| Program Frequency | |
| Teacher | |

| | |
|-------------------|--|
| Service | |
| Rule 340. | |
| Service Frequency | |
| Provider | |

| | |
|-------------------|--|
| Service | |
| Rule 340. | |
| Service Frequency | |
| Provider | |

| | |
|-------------------|--|
| Service | |
| Rule 340. | |
| Service Frequency | |
| Provider | |

| Specialized Transportation Needs | |
|----------------------------------|-----------------------|
| <input type="checkbox"/> No | Explain Need/Details: |
| <input type="checkbox"/> Yes | |

| Notification of Placement to Parent/Guardian | |
|--|--|
| Notified By | |
| DATE | <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other |

The IEP from the previous district **continues to be appropriate**. An IEP will be held before the annual review date of:

This placement is temporary and an IEP will be convened within 30 school days to review the placement and/or make revisions in the program. An IEP meeting will be held on or before the date of:

>>> Date _____

>>> Date _____

SPECIAL SERVICES - OFFICE USE ONLY

| | |
|---|--|
| Date Records Requested from Previous District | Permission to Place entered in Illuminate |
| Date Records Received from Previous District | Form & Records Uploaded to Illuminate under Student Uploads |
| Date to Verifier for Placement (Director or Supervisor) | Transportation Notified METHOD _____ |
| Date of Implementation (Start Date with MPS) | Building Notified via Email (with attached completed form and records) |