

School District Name:

School District Address:

School District Contact Person/Phone #:

## Placement Consent Form - PL1: 3-5 year olds

IEP Dates: from \_\_\_\_\_ to \_\_\_\_\_

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SASID: \_\_\_\_\_

Use either section 1, 2 or 3 as appropriate to the child's educational placement.

### 1. The child attends an inclusive early childhood program that includes children with and without disabilities.

The child attends an early childhood program and special education services are provided:	<input type="checkbox"/>	In the early childhood program
	<input type="checkbox"/>	Separate from the early childhood program
	<input type="checkbox"/>	Both in and out of the early childhood program
Hours per week in the early childhood program: _____	<input type="checkbox"/>	Enrolled by the parent
	<input type="checkbox"/>	Placed by the Team
All together the child will be participating in an inclusive environment (taking into account the early childhood program and special education services):	<input type="checkbox"/>	80% of the time or more
	<input type="checkbox"/>	40 – 79% of the time
	<input type="checkbox"/>	0 – 39% of the time

### 2. The child *does not* attend an inclusive early childhood program.

The Team identified that the child should attend a special education class that only serves children with disabilities.	<input type="checkbox"/>	Substantially Separate Class
The Team identified that the child should attend a full-day special education program in a public or private separate day school that only serves children with disabilities.	<input type="checkbox"/>	Separate Day School <input type="checkbox"/> Public or <input type="checkbox"/> Private
The Team identified that the child should attend a special education program in a residential facility that only serves children with disabilities.	<input type="checkbox"/>	Residential Facility
The Team identified IEP services to be provided in a program in the home for a child who is 3 to 5 years of age.	<input type="checkbox"/>	Home
The Team identified IEP services to be provided outside the home in a clinicians office, school office, hospital facility, or other community location.	<input type="checkbox"/>	Service Provider Location

### 3. Other Authority Required Placements

Note: These non-educational placements are not determined by the Team and therefore service delivery may be limited.

The placement has been made by a state agency to an institutionalized setting for non-educational reasons.	<input type="checkbox"/>	The Department of Mental Health has placed the child in a hospital psychiatric unit or residential treatment program.
	<input type="checkbox"/>	The Department of Public Health has placed the child in the Massachusetts Hospital School. <input type="checkbox"/> Day or <input type="checkbox"/> Residential
A doctor has determined that the child must be served in a home setting.	<input type="checkbox"/>	Home-based Program
A doctor has determined that the child must be served in a hospital setting.	<input type="checkbox"/>	Hospital-based Program

## Placement Consent Form

Location(s) for Service Provision and Dates:

### Parent Options / Responses

It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district along with your response to the IEP. Thank you.

- I consent to the placement.
- I refuse the placement.
- I request a meeting to discuss the refused placement.

Signature of Parent, Guardian, Educational Surrogate Parent

Date