

School District Name:

School District Address:

School District Contact Person/Phone #:

Placement Consent Form – PL1: 6-21 year olds

IEP Dates: from _____ to _____

Student Name:

DOB:

SASID:

Team Recommended Educational Placements	Corresponding Placement
The Team identified that IEP services are provided outside the general education classroom less than 21% of the time (80% inclusion).	<input type="checkbox"/> Full Inclusion Program
The Team identified that IEP services are provided outside the general education classroom at least 21% of the time, but no more than 60% of the time.	<input type="checkbox"/> Partial Inclusion Program
The Team identified that IEP services are provided outside the general education classroom for more than 60% of the time.	<input type="checkbox"/> Substantially Separate Classroom
The Team identified that all IEP services should be provided outside the general education classroom and in a public or private separate school that only serves students with disabilities.	<input type="checkbox"/> Separate Day School <input type="checkbox"/> Public or <input type="checkbox"/> Private
The Team identified that IEP services require a 24-hour special education program.	<input type="checkbox"/> Residential School
The Team has identified a mix of IEP services that are not provided in primarily school-based settings but are in a neutral or community-based setting.	<input type="checkbox"/> Other:

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 Youth Services has placed the student in a facility for committed or detained youth.
	<input type="checkbox"/> The Department of Mental Health has placed the student in a hospital psychiatric unit or residential treatment program.
	<input type="checkbox"/> The Department of Public Health has placed the student in the Massachusetts Hospital School. <input type="checkbox"/> Day or <input type="checkbox"/> Residential
	<input type="checkbox"/> The student is incarcerated in the county house of corrections or in a department of corrections facility.
A doctor has determined that the student must be served in a home setting.	<input type="checkbox"/> Home-based Program
A doctor has determined that the student 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, Student 18 and Over*

Date

*Required signature once a student reaches 18 unless there is a court appointed guardian.