

PERMISSION TO PLACE

LAKWOOD PUBLIC SCHOOLS

Only needed if student received Special Education Programs/Services

Date of Enrollment _____

Student Name _____ Birthdate _____ Grade _____

Parent/Guardian Name _____ Phone _____

Previous School District _____ Building _____ Phone _____

Disability of Student _____ Date of Most Recent IEP _____

Previous Special Education Program _____

Previous Special Education Service(s) _____

FOR OFFICE USE ONLY

- Option 1:** The school district will implement the current IEP from the previous school District.
- Option 2:** The school district will place student in a comparable program and/or service, Providing the student with a Free Appropriate Public Education (FAPE). An Individualized Education Program Team (IEPT) meeting must be convened within 30 school days of the date of enrollment. **(Required for out-of-state students.)**

Rationale: _____

Placement will begin on _____ and an EP team meeting will be held by _____. Last Re-Eval Date _____

Assigned comparable program(s) and/or service(S):

<u>Program/Service</u>	<u>Amt of Time/Frequency</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Transportation: No Yes

Initial Evaluation: For a student who transfers during the course of an Initial Evaluation, identify the date by which the evaluation will be completed and IEPT meeting convened: _____

Assigned to: _____

Building Administrator Signature: _____

Revised 8/15/18

Lakewood Public Schools

Permission to Place Flowchart

