

## Permission to Place for Out of County IEP Implementation

| Student Information: | Previous School Information:                             |
|----------------------|--|
| Name: _____          | District: _____  |
| Parent(s): _____     | Address: _____   |
| Address: _____       | City/State: _____  |
| City: _____          | Zip Code: _____  |
| Zip Code: _____      | Phone: _____   |
| Home Phone: _____    | <b>IEP Information (Attach IEP and Evaluation Info.)</b> |
| Work Phone: _____    |  |
| D.O.B. _____         |  |
| Native Lang.: _____  |  |
| Ethnic: _____        |  |
| Grade: _____         | Date of IEP: _____                                       |
|                      | Date of Evaluation: _____                                |
|                      | Eligibility: _____                                       |
|                      | Programs / _____   |
|                      | Services: _____  |

**Resident School District Recommendation:**

- Option 1:** The school district recommends implementation of the current individualized education program in full or with appropriate IEP addendum changes. (IEP from previous school district is attached and, if necessary, IEP addendum changes)

| *Recommended appropriate program(s) and /or service(s): |                          |              |          |
|---|--------------------------|--------------|----------|
| Name of program/service                                 | Amount of time/frequency | Teacher Name | Location |
|   |                          |              |          |
|   |                          |              |          |
|   |                          |              |          |

Total Hours in School Week: \_\_\_\_\_ Total Hours in Special Education: \_\_\_\_\_  
 Special transportation:  No  Yes, special needs:

- 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 an IEPT meeting convened: \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Consent:**

Resident District Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**For Operating School District (For a child placed outside of the resident district):**

The Operating School District agrees to the recommendations of the resident school district and will implement the temporary placement.

Operating School District Designee: \_\_\_\_\_ Date: \_\_\_\_\_

## Michigan's Revised Administrative Rules for Special Education

### R 340.1722e Previous enrollment in special education.

**Rule 22e.** (1) If a student who currently receives special education programs or services enrolls in a new school district, then the new school district shall do either of the following:

- (a) With the parent's consent, immediately implement the student's current individualized education program.
- (b) With the parent's consent, immediately place the student in an appropriate program or service and convene an individualized education program team meeting within 30 school days to develop an individualized education program.

(2) If the parent does not provide consent for placement, then the school district will implement the student's current individualized education program to the extent possible and an individualized education program team meeting shall be convened to develop a new individualized education program as soon as possible, but not later than 30 school days.

### Directions:

1. Complete current student information including middle initial of student's name.
2. Complete name and address information for the prior district.
3. Review the prior district's IEP and evaluation information to determine, if the student was eligible for special education services and if eligible, list eligibility and the program(s) and service(s) the student was receiving. This can only be determined by a review of written documentation.
4. Following a review of written documentation, check and complete the current school district's recommendation. It will be necessary at this point to consult with the district's special education designee(s) to determine the most appropriate option to check.
  - a. When checking **Option #1** it is necessary to attach all paperwork.
  - b. When checking **Option #2** it is necessary to complete all information on this form.
  - c. When checking **Initial Evaluation** state the date by which the IEP team will meet and review with the parent the evaluation that has been completed.
5. Signature of both the parent and district designee is needed indicating agreement to implement the option chosen by the district.
6. Operating school district signature must be obtained prior to placement outside of resident district.