

30-DAY PLACEMENT APPROVAL

Student Name _____ DOB _____ Age _____ Sex _____

Social Security # _____ SELPA ID _____ Grade _____

Name of Parent/Guardian _____ Phone: Home _____ Work _____

Address _____ City _____ Zip _____

District of Residence _____

Home Language _____ Student Language _____

Migrant Ed Interpreter Required English Only EL _____
Ethnicity: _____

Today's Date _____

30 Day Review _____

Last Triennial _____

Last IEP _____

Next IEP _____

AGENCY INVOLVEMENT

- CA Child Services (CCS)
- Dept. of Mental Health
- Dept. of Human Services
- Dept. of Rehabilitation
- Kern Regional Center

RESIDENCY

PRIMARY DISABILITY CATEGORY

PRIMARY PLACEMENT AGENCY SERVICES

- Designated Instruction KRC DMH CCS Other _____
- General Education (attach treatment plan)
- Resource Specialist
- Special Day Class
- Other...

PRIMARY SERVICE LOCATION

SPECIAL EDUCATION TRANSPORTATION

Yes No _____

PARENTAL CONSENT (Please initial areas that are acceptable)

_____ I received a notice of my Parental Rights and Procedural Safeguards for Special Education and have had them explained.

_____ I agree with the 30-day service recommendations.

_____ I agree with the 30-day placement. An IEP meeting will be held within 30 days. Date _____

Signature of Parent/Surrogate/Guardian Date

INTERIM SPECIAL EDUCATION SERVICES

Service	Start Date	End Date	Frequency	Duration	Location
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Excluding non-student days per school calendar.

Time in General Education _____ %

Time in Special Education _____ %

In addition to the parents, the following were participants in the 30-day Placement decision.

School District Representative Date

Additional Participant/Title Date

Additional Participant/Title Date

Additional Participant/Title Date

HEALTH

Significant health/medical problems (including medication if any):

General health of student is within normal limits.

VERIFICATION OF PREVIOUS PLACEMENT

Made with: _____
District School

Address City State Zip

Phone: _____

Date of verification: _____ A current IEP is attached: Yes No
(If No, complete "Goals and Objectives" IEP page and obtain copy of last IEP from prior district.)

Additional information: