Kern County SELPA

School District

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

☐ Designated Instruction
☐ General Education
☐ Resource Specialist
☐ Special Day Class
☐ Other...

AGENCY SERVICES

☐ KRC ☐ DMH ☐ CCS ☐ Other _____
(attach treatment plan)

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: