

CONSENT FOR IMMEDIATE PLACEMENT

Date _____

STUDENT DEMOGRAPHIC INFORMATION

Student Name _____ Date of Birth _____ UIC _____

Grade _____ District Attending _____ Building _____

PARENT/GUARDIAN CONSENT

- I request and give my consent for my child to receive the Special Education services indicated below upon verification of Special Education eligibility.
 - The current IEP (Individualized Education Program) will be fully implemented
OR
 - Within 30 school days, I will be invited to an IEP Team meeting which will develop an individualized education program
- I have been given a copy of the Special Education Parent Handbook that includes my rights and procedural safeguards.

Parent/Guardian Signature _____

Relationship to Student _____

Date _____

VERIFICATION OF SPECIAL EDUCATION SERVICES

Transfer In from Out-of-State? ☐ Yes ☐ No Transfer from _____ Phone # _____

Student's Eligibility ☐ ASD ☐ CI ☐ DB ☐ ECDD ☐ EI ☐ HI ☐ OHI
☐ PI ☐ SLD ☐ SLI ☐ SXI ☐ TBI ☐ VI

Date of Last Re-Evaluation _____ Date of Last Valid IEP _____

Information Verified by ☐ Phone ☐ CA-60 ☐ Other _____

Signature of person verifying information _____ Date _____

SPECIAL EDUCATION PROGRAM(s) / SERVICE(s)

Case Manager _____

Program/Service

Time/Frequency

Provider

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



➤ Attach SCHOOL ENROLLMENT FORM OR POWERSCHOOL/PINNACLE DEMOGRAPHIC PAGE

➤ Forward SCHOOL ENROLLMENT FORM OR POWERSCHOOL/PINNACLE DEMOGRAPHIC PAGE and CONSENT FORM to St. Joseph County ISD Special Education Department

Forward to ISD within 5 Days of Parent Signature

FOR ISD OFFICE USE ONLY

Date Received by ISD Special Education Office _____ Date Consent Form Emailed to Team _____