##### Placement Consent Form - PL1: 3-5 year olds

**Use either section 1, 2 or 3 as appropriate to the child’s educational placement.**

* 1. **The child attends an inclusive early childhood program that includes children with and without disabilities.**

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| The child attends an early childhood program and special education services are provided: |  | In the early childhood program |
|  | Separate from the early childhood program |
|  | Both in and out of the early childhood program |
| Hours per week in the early childhood program:plcEarlyChildPgm1 |  | Enrolled by the parent |
|  | Placed by the Team |
| All together the child will be participating in an inclusive environment (taking into account the early childhood program and special education services): |  | 80% of the time or more |
|  | 40 – 79% of the time |
|  | 0 – 39% of the time |

**2. The child *does not* attend an inclusive early childhood program.**

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| The Team identified that the child should attend a special education class that only serves children with disabilities. | | | |  | Substantially Separate Class |
| The Team identified that the child should attend a full-day special education program in a public or private separate day school that only serves children with disabilities. | | | |  | Separate Day School  Public or Private |
| The Team identified that the child should attend a special education program in a residential facility that only serves children with disabilities. | | | |  | Residential Facility |
| The Team identified IEP services to be provided in a program in the home for a child who is 3 to 5 years of age. | | | |  | Home |
| The Team identified IEP services to be provided outside the home in a clinicians office, school office, hospital facility, or other community location. | | | |  | Service Provider Location |
| **3. Other Authority Required Placements**  **Note: These non-educational placements are not determined by the Team and therefore service delivery may be limited.** | | | | | |
| The placement has been made by a state agency to an institutionalized setting for non-educational reasons. | |  | The Department of Mental Health has placed the child in a hospital psychiatric unit or residential treatment program. | | |
|  | |  | The Department of Public Health has placed the child in the Massachusetts Hospital School  Day or Residential | | |
| A doctor has determined that the child must be served in a home setting. | |  | Home-based Program | | |
| A doctor has determined that the child must be served in a hospital setting. | |  | Hospital-based Program | | |
| **Placement Consent Form** | | | | | |
| Location(s) for Service Provision and Dates: | plc1LocService | | | | |
| **Parent Options / Responses** | | | | | |
| **It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district along with your response to the IEP. Thank you.** | | | | | |
| I consent to the placement.  I refuse the placement.  I request a meeting to discuss the refused placement.  Signature of Parent, Guardian, Educational Surrogate Parent :plc1SignParent Date: plc1ParentDate | | | | | |

##### Placement Consent Form – PL1: 6-21 year olds

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| **Team Recommended Educational Placements** | **Corresponding Placement** | | |
| The Team identified that IEP services are provided outside the general education classroom less than 21% of the time (80% inclusion). | |  | Full Inclusion Program |
| The Team identified that IEP services are provided outside the general education classroom at least 21% of the time, but no more than 60% of the time. | |  | Partial Inclusion Program |
| The Team identified that IEP services are provided outside the general education classroom for more than 60% of the time. | |  | Substantially Separate Classroom |
| The Team identified that all IEP services should be provided outside the general education classroom and in a public or private separate school that only serves students with disabilities. | |  | Separate Day School  Public or Private |
| The Team identified that IEP services require a 24-hour special education program. | |  | Residential School |
| The Team has identified a mix of IEP services that are not provided in primarily school-based settings but are in a neutral or community-based setting. | |  | Other: plcOtherDesc |

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| **Other Authority Required Placements**  Note: These non-educational placements are not determined by the Team and therefore service delivery may be limited. | | |  |
| The placement has been made by a state agency to an institutionalized setting for non-educational reasons. |  | The Department of Youth Services has placed the student in a facility for committed or detained youth. | |
|  |  | The Department of Mental Health has placed the student in a hospital psychiatric unit or residential treatment program. | |
|  |  | The Department of Public Health has placed the child in the Massachusetts Hospital School  Day or Residential | |
|  |  | The student is incarcerated in the county house of corrections or in a department of corrections facility. | |
| A doctor has determined that the student must be served in a home setting. |  | Home-based Program | |
| A doctor has determined that the student must be served in a hospital setting. |  | Hospital-based Program | |

**Placement Consent Form**

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| Location(s) for Service Provision and Dates: | plc2LocationServiceTwo |

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| **Parent Options / Responses** |
| **It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district along with your response to the IEP. Thank you.** |
| I consent to the placement.  I refuse the placement.  I request a meeting to discuss the refused placement. |
| Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over\*: plc2SignParentTwo Date : plcx2ParentDateTwo  \**Required signature once a student reaches 18 unless there is a court appointed guardian*. |