



OFFICE OF SPECIAL EDUCATION & STATE / FEDERAL PROGRAMS  
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## **SPECIAL EDUCATION PERMISSION TO PLACE FORM**

**(Complete if your child was receiving Special Education programs or services at prior school)**

### **TO BE COMPLETED BY PARENT**

FIRST DAY TO ATTEND: \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

ATTENDING BUILDING \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

PRIOR DISTRICT \_\_\_\_\_ PRIOR SCHOOL \_\_\_\_\_

### **CIRCLE ANY PRIOR SCHOOL CLASSROOM PROGRAM PLACEMENT:**

**RR** - Resource Room

**ECSE** - Early Childhood Special Education Program

**CI** - Mild Cognitive Impairment

**NCP** - Non-classroom Early Childhood Services

AMOUNT OF **SPECIAL EDUCATION CLASSROOM TIME:** \_\_\_\_\_ **HOURS PER WEEK**

### **CIRCLE ANY PRIOR SCHOOL SUPPORT SERVICE(S) RECEIVED:**

**SLT** - Speech & Language Therapy

**TC** - Teacher Consultant

**OT** - Occupational Therapy

**PT** - Physical Therapy

**SSW** - School Social Work

**WBL** - Work Based Learning

**HB** - Homebound/Hospitalized **OTHER** - \_\_\_\_\_

**Specialized Transportation needed?** No \_\_\_\_ Yes \_\_\_\_ Specify: \_\_\_\_\_

Please note: For out of county and state placements, a new IEP will be conducted within 30 days from the parental consent and receipt of this placement form in the Special Education Office.

\*Time in Special Education may vary during these 30 days as we adjust the program/services to the student's needs.

### **REQUEST FOR PARENT CONSENT:**

\_\_\_\_ I GIVE PERMISSION for the immediate special education placement of my child & for the release of his/her previous Special Education records to Marysville Public Schools.

\_\_\_\_ I REFUSE PERMISSION for the immediate special education placement of my child.

\_\_\_\_\_  
Parent/Guardian (Printed Name)

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Representative /Receiving Consent

\_\_\_\_\_  
District Representative (Signature)

\_\_\_\_\_  
Date

### **TO BE COMPLETED BY SE OFFICE**

Last IEP Date: \_\_\_\_\_ Last MET Date: \_\_\_\_\_ Last Eligibility Category: \_\_\_\_\_

Resident: Yes No