Name of Student: **Date:**

Educational Services

	Current Program				Future Program				
SpEd Service	**Sp Ed MPW**		**Begin Date**	**End Date**	**Sp Ed MPW**		**Begin Date**	**End Date**	**Service Provider Name Comments**
	In RegEd	**In SpEd**			**In RegEd**	**In SpEd**			
Related Services									

	CP	FP		CP	FP		CP	FP
Total Special Ed Minutes/Week:			**Instructional Minutes:**			**% of Time Receiving SpEd Services:**		
MPW Provided just in SpEd Setting:			**Bell-to-Bell Minutes:**			**% Used to Determine LRE (EE):**		

Transportation Requirements

If special transportation is required, indicate the:

Type: Provider:

Is special assistance required? ☐ Yes ☐ No

Type: Provider:

Special Education Placement

The placement shall be appropriate to the student's meeds and least restrictive of the student's interaction with non-disabled children, based on the student's IEP and located as close as possible to the student's home, unless the IEP requires some other arrangement, in the school he/she would attend if not disabled; and consistent with the findings of the case study evaluation. When determining the placement, consider any potentially harmful effect, either on the student or the quality of services that he/she needs.

Accept	**Reject**	**Reasons Placement Options Were Rejected**
☐	☐ Regular Education	
☐	☐ Regular Education with Modifications	
☐	☐ Regular Education with Speech/Language Services	
☐	☐ Resource *(Sp. Ed. less that 50% of day)*	
	☐ Monitor ☐ Itinerant	
☐	☐ Self-Contained *(Sp. Ed. more that 50% of day)*	
☐	☐ Private/Public Day	
☐	☐ Residential	
☐	☐ Other:	

Extended School Year ☐ Yes ☐ No Extended school year services are needed. If yes, the IEP must indicate the:

Type: Amount of Service: Duration: