Name of Student: **Date:**

Educational Services

Areas of Participation	Current Program: Sp Ed MPW In RegEd	Current Program: Sp Ed MPW In SpEd	Current Program: Begin Date	Current Program: End Date	Future Program: Sp Ed MPW In RegEd	Future Program: Sp Ed MPW In SpEd	Future Program: Begin Date	Future Program: End Date	Location/Frequency Comments
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 needs and least restrictive of the student's interaction with non-disabled children, based on the student's I.E.P. and located as close as possible to the student's home, unless the I.E.P. 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 than 50% of day)*
☐	☐	☐ Monitor ☐ Itinerant
☐	☐	Self-Contained *(Sp. Ed. more than 50% of day)*
☐	☐	Private/Public Day
☐	☐	Residential
☐	☐	Other:

Extended School Year ☐ Yes ☐ No

Type:

Extended school year services are needed. If yes, the I.S.P. must indicate the:

Amount of Service: Duration: