

**McLEAN COUNTY PUBLIC SCHOOLS
REQUEST FOR TEMPORARY PLACEMENT**

Student _____ D.O.B. ____ / ____ / ____ School _____

I, as a parent or guardian, request continued specially designed instructional services for my child. My child has previously received specially designed instruction in _____ (school/institution). Temporary services will be delivered in accordance with the IEP from the previous school district.

Parent or Guardian Signature _____ / ____ / ____
Date

Verification of Services

Contact person at previous school:

Disability:

Date of last evaluation: ____ / ____ / ____

Description of placement in the least restrictive environment (at previous school):

Services/placement that will be provided during temporary placement:

Start Date _____ Review Date _____

MCPS Representative Verifying Services _____ / ____ / ____
Date

If the records are not received within 20 school days, an ARC meeting will be scheduled to develop a district IEP and schedule an evaluation to determine eligibility for services if necessary.

