



Alpena-Montmorency-Alcona Educational Service District

30 Day Temporary Placement Form

Date: _____

Student's Name: _____ Birthdate: _____ Grade: _____

Student's Address: _____ City/Zip _____ Phone _____

Parent's Name(s): _____

Address (if different from the student's) _____ City/Zip _____

Parent's Phone (if different from the student's) _____

The Michigan Special Education Code, Rule 340.1722e allows the resident school district to place a student who is newly enrolling and who currently has been receiving special education programs or services to do either of the following:

- (a) With parental consent, immediately implement the student's current individualized education program (IEP) OR
- (b) With parental consent, immediately place the student in an appropriate program or service and convene an individualized education program team meeting within 30 school days to develop an IEP.

If the parent does not provide consent for placement, then the school district will implement the student's current IEP to the extent possible and an IEP team meeting shall be convened to develop a new IEP as soon as possible, but not later than 30 school days.

It is our understanding from information from _____ that _____ was eligible under the category of _____ and was receiving special education services in _____ School District in City\State\Zip _____

I hereby authorize placement for 30 school days beginning _____

Program(s) _____ Frequency _____

Services _____ Frequency _____

Location _____ Providers _____

An IEP team meeting will be convened on or before _____

I have received a copy of procedural safeguards for parents in a booklet called "Working Together."

Parent(s)/Guardian signature

Date

District Administrative Representative

Date

*Please return this form to: _____