SONOMA COUNTY SELPA
Special Education Local Plan Area

Sonoma County SELPA

INTERIM SPECIAL EDUCATION SERVICES

**This form must be used for placement of a student from another SELPA or for a student from out of State*

Student _____ Birthdate _____ Age 0 Grade _____ Gender _____

Parent/Guardian _____ Home Phone _____ Cell _____

Address _____ City _____ Zip Code _____

Native Language _____ EL ☐ Yes ☐ No Redesignated ☐ Yes ☐ No Ethnicity _____

Residency ☐ Parent/Guardian ☐ FFH ☐ LCI ☐ Adult Student ☐ Other _____

INDICATE DISABILITY/S

* Low Incidence Disability

_____ 210 MR	_____ 220 HH *	_____ 230 Deaf*	_____ 240 SLI	_____ 250 VI*
_____ 260 ED	_____ 270 OI*	_____ 280 OHI	_____ 290 SLD	_____ 300 DB*
_____ 310 MD	_____ 320 AUT	_____ 330 TBI	_____ 281 Est. Med. Dis. (0-5)	

SPED Entry Date _____ Interim Placement to be Reviewed _____ Triennial Due _____

Last Placement _____ _____ _____
School / District / County | Phone | Contact Person

SPECIAL EDUCATION PROGRAM AUTHORIZATION

Temporary placement in the following special education service(s) is authorized, pending action at the next Individualized Education Program Team meeting:

Special Education & Related Services	Start Date	*Frequency	Duration	Location	Service Provider

% of time OUTSIDE General Ed. class for Sp. Ed services _____ %

Whenever a pupil transfers into a district from a district not operating services under the same local plan in which he or she was last enrolled in a special education services within the same academic year, the local educational agency shall provide the pupil with a free appropriate public education, including services comparable to those described in the previously approved individualized education program, in consultation with the parents, for a period not to exceed 30 days, by which time the local educational agency shall adopt the previously approved individualized education program or shall develop, adopt, and implement a new individualized education program that is consistent with federal and state law. (EC 56325)

Name of LEA Representative Making Interim Placement: _____

_____ _____ _____
Signature | Position | Date