

Branch ISD

Consent for Immediate Placement

Date _____

Student Name _____ Date of Birth _____ Grade _____

District Attending _____ Building Attending _____

Transfer In from Out-of-State? Yes No Transfer From/Previous School: _____

I request & give consent for my child to receive special education services indicated below. Upon verification of Special Education eligibility the current IEP (Individualized Education Program) will be fully implemented OR within 30 school days I will be invited to an IEP Team meeting which will develop an individualized education program.

Procedural Parental Safeguards are available at <http://branchisd.org/employee-resources> or you may call 279-5804 to request a copy.

Parent/Guardian Signature

Relationship to Student

Date

When completed, please fax to: 517-278-5282 or email to coans@branch-isd.org

FOR ISD OFFICE USE ONLY

Date Received by ISD Special Education Office: _____ Date Consent Form Emailed to Case Manager: _____

Student's Eligibility: ASD CI DB ECDD EI HI OHI
 PI SLD SLI SXI TBI VI

Date of Last Re-Evaluation: _____ Date of Last Valid IEP: _____

Information Verified by: Phone CA-60 Other

Signature of person verifying information: _____ Date: _____

Case Manager: _____

Program/Service

Time/Frequency

Provider

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |