

Student:

Date:

D.O.B.:

EDUCATIONAL SERVICES AND PLACEMENT

Anyone responsible for implementing special education services must be notified of her/his specific responsibilities.

School Year:

Bell to Bell Minutes:

Serving School:

Instructional Minutes:

PARTICIPATION IN REGULAR EDUCATION CLASSES AND OTHER EDUCATION-RELATED SETTINGS

Will the student participate in regular physical education? Yes No

GENERAL EDUCATION No Supplementary Aids	GENERAL EDUCATION With Supplementary Aids	SPECIAL EDUCATION In General Classroom		SPECIAL EDUCATION Outside General Classroom	
		CLASS	MPW	CLASS	MPW

Total: _____ Total: _____

% (EE) INSIDE REGULAR EDUCATION: _____

% SPECIAL EDUCATION: _____

SPECIAL EDUCATION

Total Minutes in Special Education _____ Initiation Date _____ Duration of Services _____

RELATED SERVICES	Location	MPW	Initiation Date	Duration of Services

Please Note: Related service information may be released to the Illinois Department of Healthcare and Family Services, you have the right to request it not be released.

TRANSPORTATION

Check all that apply

- YES NO Special transportation is required to and from schools and/or between schools.
- YES NO Special transportation is required in and around school buildings.
- YES NO Specialized equipment (such as special or adapted buses, lifts, and ramps) is required.

Please explain and/or detail transportation plan:

Student Name:

Date:

D.O.B.:

EDUCATIONAL SERVICES AND PLACEMENT CONTINUED

EDUCATIONAL ENVIRONMENT CONSIDERATIONS

To the maximum extent appropriate, all students shall be educated and participate with students who are non-disabled. Provide an explanation of the extent, if any, to which the student will not participate in general education classes and activities.

- Yes No Special education classes, separate schooling, or removal from regular education environment is required because the nature or severity of the student's disability is such that education in general classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Explain:

- Yes No Student will participate in nonacademic activities with nondisabled peers and have the same opportunity to participate in extracurricular activities as nondisabled peers.

If no, explain:

- Yes No Student will attend the school he or she would attend if nondisabled.

If no, explain:

PLACEMENT CONSIDERATIONS

When determining the placement, consider any potentially harmful effect either on the student or the quality of services that he/she needs. After determining the student's placement, complete the "Placement" section on this cover sheet.

- Yes NA For a child who is deaf, hard of hearing, blind or visually impaired, parents have been informed of existence of the Illinois School for the Deaf or the Illinois School for the Visually Impaired, and other local schools that provide similar services.

PLACEMENT OPTIONS CONSIDERED	TEAM ACCEPTS PLACEMENT	POTENTIALLY HARMFUL EFFECT REASON REJECTED

EXTENDED SCHOOL YEAR SERVICES

- Yes No Extended school year services are needed. **The IEP team must document the consideration of the need for extended school year services and the basis for the determination.**

If yes, the IEP must indicate the type, amount and duration of services to be provided.

SPECIAL EDUCATION SERVICE(S)	LOCATION	AMOUNT/FREQUENCY OF SERVICES	INITIATION OF SERVICES	DURATION OF SERVICES	GOAL(S) ADDRESSED