



Special Services
 815 State Street * Midland, Michigan * 48640
 Phone: (989) 923-5141 * Fax: (989) 923-5008
 John A. Blahunka, Director
 Janice Shawl, Coordinator
 Carla Koch, Supervisor

Request for Immediate Special Education Placement

This portion to be completed by parent/guardian:

Student Name: _____ Birthdate: _____ Age: _____
 Parent/Guardian: _____ Home Phone: _____ Work Phone: _____
 Parent Address: _____ City: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Previous School Building : _____ Previous School District: _____
 School Address: _____ Phone: _____ Fax: _____
 Previous Teacher: _____ Grade (09/10): _____

MPS Neighborhood School: _____

I give permission for release of confidential school records to include: Special education file, IEP's and MET reports from the previous school district. Parental permission is not required, however, when records are requested by authorized school personnel in compliance with "Federal Education Rights & Privacy Act, Final Rule on Education Records which states that schools may send a student's education record to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record, if desired, and have an opportunity to challenge the content of the record. Federal Register, June 17, 1976; Vol. 41, No. 118, Page 24675."

I understand I will have opportunity to offer input regarding my child's special education placement in Midland Public Schools.

 Signature of parent/guardian or student if 18 years of age or older _____
 Date

This portion to be completed by Special Education Office:

The following evidence has been presented to demonstrate reasonable cause that this student is eligible for special education programs and services.

Verified by: _____ Eligibility: _____
 Date of the current MET report: _____ Is a current MET report attached? No Yes
 Date of the most recent IEP: _____ Is the most recent IEP attached? No Yes
 Special Education Programs: _____ Time/Frequency of Services: _____
 Special Education Services: _____ Time/Frequency of Services: _____
 Special Education Services: _____ Time/Frequency of Services: _____

SPECIAL EDUCATION ASSIGNMENT:

Program: _____ Rule 340: _____ Hours: _____ Primary Setting: _____
 Services: _____ Rule 340: _____ Time/Frequency: _____
 Services: _____ Rule 340: _____ Time/Frequency: _____
 Building Placement _____ Special Education Teacher: _____
 Special Education Service Provider(s): _____

MPS Specialized Transportation Needed: No Yes

Date Parent Informed of Placement: _____

- The IEP from the previous district continues to be appropriate. An IEPT will be held on or before the annual review date of: _____
- This placement is temporary and an IEPT will be convened within 30 school days to review the placement and/or make revisions in the program. This IEPT meeting will be held on or before the following date: _____

Date of Implementation: _____

Added to data system: _____