SANTA CLARA COUNTY
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: _____ 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

_____ 210 ID	_____ 220 HH	_____ 230 Deaf	_____ 240 SLI	____ 250 VI
_____ 260 ED	_____ 270 OI	_____ 280 OHI	_____ 290 SLD	____ 300 DB
_____ 310 MD	_____ 320 AUT	_____ 330 TBI		

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