

# Kalamazoo Public Schools - Special Education Services

1220 Howard St. Kalamazoo, MI 49008

(269)337-0175 Fax (269)337-0169

DATE: \_\_\_\_\_

Has your child attended KPS before? \_\_\_\_\_

## REQUEST FOR PLACEMENT FOR (STUDENT)

<b>Student:</b> _____		Birthdate: _____
Address: _____ City: _____		Age: _____
Zip: _____ Social Security # _____ - _____ - _____		Grade: _____
<b>PARENT/GUARDIAN/SURROGATE(S):</b> _____		Gender: Male Female
Phone: (Home) _____		Ethnic Group: _____
(Work) _____		A-Amer. Indian B-Black
<b>Emergency Contact Name:</b> _____		C-Asian D-Hispanic
Phone: _____		E-White F-Pacific Islander

## FORMER SCHOOL

FORMER SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

FAX: \_\_\_\_\_

PREVIOUS SPECIAL ED SERVICES: \_\_\_\_\_

DATE of LAST IEP: \_\_\_\_\_ DATE of LAST MET: \_\_\_\_\_

SPECIAL HEALTH AND PHYSICAL INFORMATION: \_\_\_\_\_

Primary Impairment: \_\_\_\_\_ Subsections: \_\_\_\_\_

Secondary Impairment (s): \_\_\_\_\_

## NEW ASSIGNMENT

**NEW ASSIGNMENT: (PROGRAM/SERVICE(S) WITH CORRESPONDING RULE NUMBERS)**

BUILDING: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

TEACHER: \_\_\_\_\_ PROGRAM: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

SERVICES: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

\_\_\_\_\_ FREQUENCY: \_\_\_\_\_

\_\_\_\_\_ FREQUENCY: \_\_\_\_\_

TRANSPORTATION: (Y/I SPECIAL NEEDS:) \_\_\_\_\_

**CONSENT FOR CONTINUATION OF SERVICES (Current IEP will be implemented)**

I request continuation of the Special Education placement and services as defined by my child's current IEP. The IEP was held on \_\_\_\_\_ and I understand that an annual review will be conducted \_\_\_\_\_.

\_\_\_\_\_ Date

Parent Signature

**CONSENT FOR IMMEDIATE SPECIAL EDUCATION SERVICES (Temporary Placement IEP Due)**

I request that my child immediately receive special education programs and services. I understand that an Individual Educational Planning Committee meeting will be conducted within 30 school days of the placement date above, during which time a comprehensive evaluation may be completed by a Multi-disciplinary Evaluation Team.

\_\_\_\_\_ Date

Parent Signature