

TUMWATER SCHOOL DISTRICT NO. 33
SPECIAL SERVICES

621 Linwood Avenue SW Tumwater, WA 98512 (360) 709-7040 FAX: (360) 709-7042

Worksheet for Self-Contained/Special Placement Recommendation
and/or School-to-School Changes
IDEA 34 CFR 300.346 and 300.550-552

Student Name: _____ Present School: _____

Birthdate: _____ Age: _____ Grade: _____

Principal: _____

Special Education Teacher(s):

_____ Amount of Time: _____

_____ Amount of Time: _____

Related Services:

_____ Amount of Time: _____

_____ Amount of Time: _____

_____ Amount of Time: _____

General Education Teacher(s):

_____ Amount of Time: _____

_____ Amount of Time: _____

_____ Amount of Time: _____

I. LRE Data

Please describe in detail the primary data reflecting that a program change represents the least restrictive environment for this student:

II. Academic

- A. Document or attach reading, pre-reading or functional levels (name of test or data collected, date administered, results); levels of program/materials used; description of skill acquisition over time (attach work sample and IEP goals and objectives):

- B. Document or attach math, pre-math or functional levels (name of test or data collected, date administered, results); levels of program/materials used; description of skill acquisition over time (attach work sample and IEP goals and objectives):

- C. Document or attach pre-writing, writing and written language or functional levels (name of test or data collected, date administered, results); levels of program/materials used; description of writing/math acquisition over time (attach work sample and IEP goals and objectives):

III. Behavior/Social

- A. Please describe the student's school behavior over time (work habits, attention span, effort, independence, cooperation, behavior problems, activity level, other behaviors and accommodations, if needed.):

- B. Please describe the student's social skills with peers and adults over time (frequency, kind of interactions, social position in class, other behaviors and accommodations, if needed.):

- C. Please describe the student's strengths and weaknesses, conditions under which he/she performs best:

IV. General Education

- A. Summary of performance within general ed program/class (note modifications and accommodations, general ed teacher's concerns:

- B. Learning Center/IEP classes and other programs qualified for (OT, PT, SLP, Vision, Behavior Support, etc.):

Participant: ☐ No ☐ Yes If yes, which program: _____

- C. Why was this student not successful with this program even with current accommodations and modifications?

- D. Other observations/explanation of need:

Additional Contacts: _____

- E. Medical information (to be completed by school nurse) or review of any medical record:

V. Intervention/Modification to Current Program (Attach behavior management plans, functional behavior assessment or other intervention plans and the data collection sheets that should accompany them):

Considering program placement change to: _____

REQUEST REVIEWED BY:

Existing Site Principal Signature: _____ Date: _____

Proposed Site Principal Signature: _____ Date: _____

Next step – schedule observation on _____ by _____.

Please send this information to Special Services

REQUEST REVIEWED BY:

Director of Special Services Signature: _____ Date _____