



**Tracy Unified School District
Special Education Department
30-Day Administrative/Interim Placement**



1. Demographic Information (to be completed by the Guardian / Parent or Adult Student):

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------|
| Today's Date: | Student Name: | Date of Birth: |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Student's Primary Language: English Learner: Yes No | Age: |
| Address: | City: | Zip Code: |
| Guardian / Parent's Name(s): | Cell Phone Number: () | Work Phone Number: () |
| Email Address: | School of Residence (Home School): | Grade: |
| NAME of Previous School: | Previous School's Address: | Previous School's Phone Number: |
| NAME of Contact Person at Previous School: | | |
| Authorization to Release / Request Information I agree to the sharing of information between the persons or agencies listed above and the school district. | **** Parent Signature **** | Date: |

2. Notification to Receiving School (Special Education Department Use Only) Student TUSD ID# _____

Distribution:

- School Site Secretary/Administrator _____
- Case Manager _____
- School Psychologist _____
- Other providers as needed _____
- Transportation Department

3. Review of Records by Program Specialist: _____ **Date given:** _____

- Inspection of Records, including IEP from:

| | | |
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| Phone contact with previous school or district: <input type="checkbox"/> Yes <input type="checkbox"/> No | Contact Name: | Phone Number |
|----------------------------------------------------------------------------------------------------------------|----------------------|---------------------|

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|----------------------------------------------------------------------------------------|---------------|----------------|
| Contact with Parent <input type="checkbox"/> Yes <input type="checkbox"/> No | Contact Name: | Date and Time: |
| | Contact Name: | Date and Time: |
| <input type="checkbox"/> Other | Notes: | |

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| Signature of Program Specialist <input type="checkbox"/> Parent contacted and / or email sent to providers regarding recommended program | Date |
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4. Interim Services / Placement Recommendations

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|----------------------------------------------------------|---------------------------------|------------------------------|
| Case Manager: | School: | District Offered Start Date: |
| Primary Disability: | Date of Next Annual: | Date of Next Triennial: |
| Secondary Disability: | | |
| Set of Services: Specialized Academic Instruction | Service time (min x frequency): | Location of Services: |
| Related Service: | Service time (min x frequency): | Location of Services: |
| Related Service: | Service time (min x frequency): | Location of Services: |
| Other: | Service time (min x frequency): | Location of Services: |

Accommodations / Modifications:

| | | |
|------------------------------------------------------------------------------------------|---------------------------------|-----------------------|
| Extended School Year: <input type="checkbox"/> Yes <input type="checkbox"/> No | Service time (min x frequency): | Location of Services: |
|------------------------------------------------------------------------------------------|---------------------------------|-----------------------|

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| Acknowledgment <i>Students transferring into the Tracy Unified School District with an IEP will be provided with a comparable set of services to those described in their current IEP. The recommended program will be reviewed within 30 days to determine the appropriateness of the placement and to revise goals / services as needed. Parent has received a copy of the Procedural Rights and Safeguards. (EC 56325)</i> | **** Parent Signature **** <hr/> | Date: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------|

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| Eligible for Transportation <input type="checkbox"/> No <input type="checkbox"/> Yes but parent declines <input type="checkbox"/> Yes: |
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