



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

1. Student Information <i>(to be completed by the Guardian / Parent or Adult Student):</i>		
Today's Date:	Student Name:	Date of Birth:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Student's Primary Language:	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:	Name of Teacher at Previous School	Previous School's Phone Number:
Authorization to Release / Request Information <i>*I agree to the sharing of information between the persons or agencies listed above and the Tracy Unified School District.</i>	<u>Parent Signature*</u>	Date:

2. Interim Services/Placement <i>(for office use only)</i>		
Residency (Parent/Guardian, FFH, LCI, Adult, etc):	SPED Entry Date (for non-SEIS IEPs):	District Offered Start Date:
Case Manager:	School:	30 Day Review IEP Due Date:
Primary Disability:	Date of Next Annual:	Date of Next Triennial:
Secondary Disability:		
Accommodations / Modifications:		
*Eligible for Extended School Year (ESY) <input type="checkbox"/> Yes <input type="checkbox"/> No *(Complete this section only if 30 Day IEP will occur after ESY):	Service time (min x frequency):	Location of Services:

3. Special Education Interim Services – Placement Program Authorization *(for office use only)*

Temporary placement in the following special education service(s) is authorized via parent consent below, pending action at the next Individualized Education Program (IEP) Team Meeting:

Special Education & Related Services	Frequency	Duration	Location	Service Provider

4. Transportation (select one option)

Eligible for Transportation:

- No
- Yes. However, parent is declining transportation at this time.
- Yes. Provide parent with transportation form.

***Transportation Eligibility Justification** (select one or more options)

- TUSD Transportation Guidelines *Student lives 2.0+ miles from Special Education Placement (2.5+ miles for 9-12+ grade students)*
- Due to needs associated with a disability *Student unable to get to special education placement in similar manner as non-disabled peers*

**Complete this section if student is eligible for transportation*

5. Parent Consent

Acknowledgment

Students transferring into the Tracy Unified School District with an IEP, in consultation with parents, will be provided with a comparable set of services to those described in their current IEP for a period not to exceed 30 days. Within 30 days, the district shall adopt the previously approved IEP or shall develop, adopt, and implement a new IEP that is consistent with federal and state law. (EC 56325(a)(1))

Parent Signature*

Date:

LEA Rep Signature

Name and Position

Date:

*Your signature acknowledges receipt of the interim offer of placement

6. Notification and Processing

Provide parent with a copy. Scan and send this document to SPEDDATA@tUSD.net (cc case manager and service providers). Complete "Add Request" form in Special Education Student Information System. Place original in cumulative file. Notify receiving school site.