

SIERRA COUNTY OFFICE OF EDUCATION
POST OFFICE BOX 157, SIERRAVILLE CA 96126
(530) 994-1044 FAX (530) 994-1045

REQUEST FOR INFORMATION - ADMINISTRATIVE PLACEMENT

Today's Date: _____ School of Enrollment: _____

Child's Name: _____ Social Security Number: _____

School District of Residence: _____ Child's Gender: M F Birthdate _____ Age _____

Parent/Guardian: _____ Address: _____

Home Phone: _____ Work: _____

Primary Language of Home: _____ Interpreter Needed: Yes No Grade Level: _____

It is understood that this administrative placement is in effect for thirty (30) school days and is based on verification of placement at the prior school location.

SPECIAL EDUCATION VERIFICATION

Name of Previous School/Agency _____

Name of Contact: _____ Mailing Address: _____

Phone Number: _____ City/State/Zip: _____

I also give my permission for Sierra County Office of Education to obtain and exchange confidential medical, psychological and education evaluations and information with the previous school or agency named above.

I understand that this placement will be formalized at an Individual Education Program (IEP) Team meeting to be scheduled within the thirty (30) school day time frame, where the placement is subject to reevaluation and may be altered with parent approval, if it appears to be in the best interest of the student. I further understand that I will be notified of the IEP meeting by mail. Also, I understand that an IEP will be designed at the aforementioned team meeting and implemented for my child after all information is received and the necessary observation assessments are completed.

Parent(s)/ Legal Guardian(s) Signature(s)

Date

(To be completed by Sierra County Office of Education)

Previous placement confirmed by: _____ Date of Verification: _____

Amount of special education time, previous school/agency: _____

Name of individual confirming placement at previous school: _____

