



Temporary Placement Authorization

Name of Student _____ Date of Birth _____

School Enrolled _____ Grade Level _____

STN _____ Building: EHES EHMS EHHS

I, _____, the parent /guardian of the above-named student certify that my child was enrolled in a special program for Special Education Services at his/her previous school, _____ which is located in _____ District.

The special education program stated above is recommended on a temporary diagnostic basis to help in determining changes that may be needed in general education accommodations or individualized special education programming. The determination of the appropriate educational program will be made by the Case Conference Committee which includes the parents, local school personnel, special education personnel, and other persons as appropriate. I have been provided with a copy of the Notice of Parent Rights.

As written permission may be necessary for educational records (Case Conference Report, Individual Education Program, Psychological Evaluation, Health/Immunization Record, etc.) to be released from my child's previous school, I give my consent for these records to be forwarded to CSC of Eastern Hancock.

Signature of Person Giving Consent _____

Relationship _____ Phone _____

Address _____ Zip _____

Date Signed _____

School Official Signature _____ Date _____