



PERMISSION FOR PLACEMENT IN SPECIAL EDUCATION
FOR STUDENTS WITH DISABILITIES

Date: _____

Enrolling/Zone School: _____

SECTION I: STUDENT/PARENT INFORMATION

Student Name:	HCS Student ID#:		
Date of Birth:	Age	Current Grade Level:	
Current Street Address:	City:	State:	Zip:
Parent/Guardian/Adult Student Name:	Phone Number:	Email:	

SECTION II: PREVIOUS SCHOOL INFORMATION

School District:	School:		
Street Address:	City:	State:	Zip:
Phone:	Fax:		



Sections III and IV must be completed by the required school personnel (as identified in those sections) **before** the parent or adult student signs Section V on the back of this document to provide consent.

SECTION III: SPECIAL EDUCATION DOCUMENTATION

THIS SECTION MUST BE COMPLETED BY: ADMINISTRATOR/SpEd INSTRUCTIONAL LEADER or PROGRAM ADVISOR/REGISTRAR/DESIGNEE

Initial Records Request sent by (Name/Title):		Fax Number or Email Address to which the Request was sent:		Date Request sent:	
Documentation <i>(If not provided during enrollment, must be received within 30 calendar days)</i>	Received during enrollment?		Date of Follow-Up Attempt(s)	Follow-Up Attempt(s) made by	Outcome
	YES	NO			
IEP					
Eligibility Documentation					
Psychological/Educational Reports					
Sociocultural Report					
Other (Specify):					
Other (Specify):					

SECTION IV: COMPARABLE HAMPTON CITY SCHOOLS SPECIAL EDUCATION PROGRAMMING/PLACEMENT/ SERVICES

THIS SECTION MUST BE COMPLETED BY: ADMINISTRATOR/SpEd INSTRUCTIONAL LEADER or PROGRAM ADVISOR/SPED DESIGNEE

SECTION IV Completed By (Name/Title):			Date:
Most Recent Eligibility Date:	Primary Area of Eligibility:	Secondary Area of Eligibility:	Tertiary Area of Eligibility:
Most Recent IEP Date:	Diploma Track (as indicated in IEP): <input type="checkbox"/> Advanced/Standard <input type="checkbox"/> Applied Studies <input type="checkbox"/> Other (Specify):		
Notes (e.g., changes to accommodations outlined in the enrolling IEP, public separate or private day placement warranted, verification of transportation contact, etc.)			

THIS SECTION CONTINUES ON THE BACK

SECTION IV CONTINUED: Proposed Comparable Hampton City Schools Special Education Programming / Placement / Services

Below are the proposed comparable special education services and Specially Designed Instruction (SDI) that Hampton City Schools will provide based on the student's most recent IEP from the sending school division. These interim services are intended to maintain continuity of support until the IEP Team convenes to develop the Hampton City Schools Transfer IEP.

GENERAL EDUCATION (GEN) SETTING:**COTAUGHT/INCLUSION CLASSES:**

- ☐ Math ☐ ELA: Reading/Writing
☐ Other: _____
☐ Other: _____

SDI provided in the GEN setting will be delivered as follows:

- ☐ Reading: _____ min.
☐ Writing: _____ min.
☐ Math: _____ min.
☐ Social-Emotional: _____ min.
☐ Study/Organizational Skills: _____ min.
☐ Other (specify): _____ min.
☐ Other (specify): _____ min.

Total minutes of SDI in GEN setting: _____Frequency: ☐ weekly ☐ biweekly**SPECIAL EDUCATION (SPED) SETTING:**

TIER III INSTRUCTION: (For students receiving the majority of services in the GEN setting. These services will be provided by a Special Educator in the SPED setting, in addition to any SDI delivered within the GEN setting.)

- ☐ Resource/Content Enhancement _____ min.
☐ Study/Organizational Skills _____ min.
☐ Social Skills _____ min.
☐ Other (specify): _____ min.
☐ Other (specify): _____ min.

LEVEL II SERVICES: (50% or more of services provided in the special education self-contained setting)

- ☐ Early Childhood (Pre-K): _____ min.
☐ Adapted Curriculum (Functional): _____ min.
☐ Multiple Disabilities: _____ min.

Elementary/Middle School Only:

- ☐ Academic (General Curriculum): _____ min.

High School Only:

- ☐ Academic (Adapted Curriculum): _____ min.

Total minutes of SDI in the SPED setting: _____Frequency: ☐ weekly ☐ biweekly**RELATED SERVICES:**

- ☐ Speech
☐ Occupational Therapy
☐ Physical Therapy
☐ Hearing
☐ Vision
☐ Other _____

In this space below, indicate the amount, location, and type of service—direct or indirect—for each related service selected.

Special Transportation: ☐ Yes ☐ No If yes, specify accommodations (e.g., curb-to-curb, wheelchair lift, safety harness, or other):***REQUIRED: Contact Kyle Blackwell @ 757-727-1557 or via email (document in notes that Mr. Blackwell gave insight on transportation)**

Assigned Case Manager/Roster Teacher:

HCS Special Education Coordinator:

Administrator/IL/PA/SpEd Designee Signature:

Date:

SECTION V: PARENTAL/ADULT STUDENT ACKNOWLEDGEMENT/CONSENT: (If the student is 18 or older, the adult student must provide signed consent unless the parent has provided legal documentation showing they retain educational rights.)

As the parent/guardian of the above-named student, or as the adult student, my initials and signature below indicate that I understand and agree to the following:

_____ I hereby give my permission for my child/the student to receive the comparable special education services as detailed in Section IV above.

_____ I understand that if my child requires special transportation, it may take up to 72 hours to arrange, and I will receive a call from the HCS Department of Transportation with the scheduled pickup and drop-off times and location.

_____ I understand my right to request a change in services, a termination of special programming, or to refuse this permission.

_____ I understand that special education eligibility documentation and evaluation reports not yet received (Section III) will not prevent my child's enrollment. However, if HCS is unable to obtain them within 30 calendar days, I will be invited to a meeting to begin the eligibility determination process for special education services.

_____ I am aware that the IEP Team will convene within 30 business days (by _____) to develop a Hampton City Schools Transfer IEP.

_____ I have been advised on how I can access a copy of the *Parental Rights in Special Education* (available on the Hampton City Schools website or upon request from the school).

_____ I understand that the services required to meet my child's educational needs may not be available at the zoned school and could require placement at another Hampton City School or, if appropriate, an out-of-division program.

_____ I hereby give permission for this document to serve as a release of information, authorizing Hampton City Schools to request, obtain, and review all educational records, including special education records, from my child's previous school division listed on the front of this document. I understand that this information will be used solely to determine my child's appropriate educational placement and services within Hampton City Schools.

Parent/Guardian/Adult Student Signature:

Date: