



REQUEST FOR OUT OF DISTRICT PLACEMENT

Date of Request:

Case Manager:

Student:

State ID #

School:

Grade:

Classification:

IEP Date:

Parent/Guardian Name(s):

Address:

Phone Number:

Cell:

Type of Placement:

Full Time _____

Part Time _____

Share Time _____

Placement Start Date:

Change of Placement:

Yes _____

No _____

Previous Placement (if applicable)

New Placement Name:

New Placement Address:

Contact Person:

Contact Phone #:

Contact Email Address:

Case History /Interventions and Reason for Placement:

Other Placements Explored:

Related Services (if applicable)

Occupational Therapy:

Frequency:

Group:

Indiv:

Physical Therapy:

Frequency:

Group:

Indiv:

Speech:

Frequency:

Group:

Indiv:

Other:

Frequency:

Group:

Indiv:

Signature of Approval

Date:
