



Hampton City Schools

PERMISSION FOR PLACEMENT IN SPECIAL EDUCATION FOR STUDENTS WITH DISABILITIES

Date: _____

Enrolling School: _____

I. STUDENT/PARENT INFORMATION:			
Student Name:		HCS Student ID#:	
Date of Birth:	Age (if student is age 18 or older, student must give permission):	Current Grade Level:	
Current Street Address:		City:	State: Zip:
Parent/Guardian/Adult Student Name:		Phone Number:	Email:
II. PREVIOUS SCHOOL INFORMATION:			
School District:		School:	
Street Address:		City:	State: Zip:
Phone:		Fax:	
SECTION III BELOW MUST BE COMPLETED BY: ADMINISTRATOR/SPECIAL EDUCATION PROGRAM ADVISOR/or SpEd DESIGNEE			
Section III Completed By (Name/Title):			Date:
III: SPECIAL EDUCATION PROGRAMMING/PLACEMENT:			
Most Recent Eligibility Date:	Primary Area of Eligibility:	Secondary/Tertiary Area(s) 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):		
General Education (GEN) Setting: (Cotaught/Inclusion) <input type="checkbox"/> Math <input type="checkbox"/> ELA: Reading/Writing Total GEN minutes: _____ Frequency: <input type="checkbox"/> weekly <input type="checkbox"/> biweekly	Special Education (SPED) Setting: <input type="checkbox"/> Resource/Content Enhancement (specify): _____ <input type="checkbox"/> Academic Self-Contained <input type="checkbox"/> Functional Self-Contained <input type="checkbox"/> MD Self-Contained (PHS only) Total SPED minutes: _____ Frequency: <input type="checkbox"/> weekly <input type="checkbox"/> biweekly	Related Services: <input type="checkbox"/> Speech <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> HI <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
Special Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, specify (curb-to-curb, wheelchair lift, etc.):		
Assigned Case Manager/Roster Teacher:		Special Education Coordinator:	
Special Education Program Advisor Signature:			Date:

Parental/Adult Student Statement (If student is 18 or older, adult student must give sign consent):

As the parent/guardian of the above-named student or adult student,

- I hereby give do not give my permission to receive special education services in the placement detailed above.
- I understand my right to request a change, a termination of special programming at any time, or to refuse this permission.
- I am aware the IEP team at this school will convene to develop a Hampton City Schools Transfer IEP within 30 business days.
- I have received a copy of the Parental Rights in Special Education.

Parent/Guardian/Adult Student Signature:	Date:
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- Parent Student Scholastic Record SAC/Special Education Office SpEd Program Advisor VA IEP

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

Section IV Completed By (Name/Title): _____ **Date:** _____

IV. SPECIAL EDUCATION DOCUMENTATION:

Documentation Received			Date Records Request Sent (if not received)	From (School/ School Division)	Date of Documentation	Date Received
	YES	NO				
IEP						
Eligibility Documentation						
Psychological/Educational Evaluation Report(s)						
Social History						
Other (Specify):						
Other (Specify):						