

DAVISS-MARTIN SPECIAL EDUCATION COOPERATIVE  
P.O. Box 637  
Washington, IN 47501  
(812) 254-1530

**PERMISSION TO PLACE**

Name: \_\_\_\_\_ School: \_\_\_\_\_

Birthdate: \_\_\_\_\_ S.S. # \_\_\_\_\_

Level: \_\_\_\_\_ Preschool                      \_\_\_\_\_ Elementary (K-6)                      \_\_\_\_\_ Secondary (7-12)

I have received a verbal and written explanation of parental/guardian rights regarding evaluation and special education services.

I understand that based upon the data gathered in the evaluation process and the eligibility criteria established under I.D.E.A./Indiana Article 7, relevant state guidelines, and local policy and procedures; the case conference committee has determined that the student is eligible for special education services in the following area(s):

(Indicate primary with number 1; secondary and additional eligibilities with number 2.)

Cognitive Disability <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Blind or Low Vision <input type="checkbox"/> Deaf and Blind <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Emotional Disability <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Language Speech Impairment <input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Developmental Delay  <input type="checkbox"/> <b>Homebound</b>  <input type="checkbox"/> <b>Declassification</b>
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I disagree with the determination of eligibility and/or the recommended services as discussed by the case conference committee and described in the individual education program (IEP) and I do not give my permission for the IEP to be implemented.

I agree with the determination of eligibility and the recommended services as discussed by the case conference committee and described in the individual education program (IEP) and give my permission for the IEP to be implemented.

Placement will be made within 15 instructional days of the date of consent for placement, unless the case conference committee has identified an alternate date in the IEP.

I understand that I have the right to request a case conference committee meeting at any time, and to revoke my written consent prior to placement.

\_\_\_\_\_  
Parent/Guardian/Surrogate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date