

Request for Interim Placement

EMOTIONALLY DISTURBED (E.D.)/INTERVENTION PROGRAM

The FCOE E.D./Intervention Program is designed for students within the SELPA who have emotional problems that prevent them from being educationally successful in their home school district. The E.D. classrooms are located on school campuses throughout the county. Students are served in a special day class while being mainstreamed into regular core and/or elective curriculum classes at the site. The intervention program is a transitional program, accepting students who need assistance in improving interpersonal skills, developing adaptive emotional and behavioral responses to environmental stressors, and establishing self-monitoring and self-control. The goal of the program is to stabilize behavior, determine effective interventions, and return the student to his/her home school /least restrictive environment.

Requests for an Interim Placement into the FCOE ED/Intervention Program should include those students who are currently being served in a “comparable” program. Requests for placement into the ED/Intervention program from a Non-Public School placement, Behavior/Opportunity/Continuation Program or from Independent Study programs should be made through the application process.

CHECKLIST for Request for Interim Placement:

Please provide the following documents when submitting an interim placement request.

- 🕒 Current Individualized Education Plan (IEP)

- 🕒 Current Behavior Plan

- 🕒 Health History
 - Immunization Record
 - Prescribing Physician
 - Medications

- 🕒 Multidisciplinary Report/Psychologist Report (within the last 3 years)

- 🕒 DIS service/agency reports (i.e. OT, Speech, Mental Health etc.)

- 🕒 Emergency Contact Information (Parents/Care Providers, Agencies, name and address, last school/program attended.

- 🕒 Release of Information

Request for Interim Placement

THE FOLLOWING INFORMATION MUST BE COMPLETED AND SENT TO FRESNO COUNTY OFFICE OF EDUCATION
c/o DIRECTOR, PUPIL PERSONNEL SERVICES, IN ORDER FOR THE INTERIM PLACEMENT TO BE PROCESSED
If you have further questions, call: (559) 265-3001

COMPLETE THE FOLLOWING :

STUDENT'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE: _____

(City/Zip) _____

CSIS #: _____

PARENT(S)/GUARDIAN(S): _____

TELEPHONE: _____

ADDRESS: _____

(City/Zip) _____

CARE PROVIDER: _____

TELEPHONE: _____

ADDRESS: _____

(City/Zip) _____

REFERRING DISTRICT: _____

CURRENT PROGRAM: _____

DISTRICT CONTACT PERSON: _____

SCHOOL SITE: _____

DISTRICT REP FOR IEP MEETINGS: _____

TELEPHONE: _____

PRIOR DISTRICT: _____

TELEPHONE: _____

PRIOR DISTRICT CONTACT PERSON: _____

TELEPHONE: _____

PLEASE ATTACH/FAX ANY OF THE FOLLOWING CONFIDENTIAL RECORDS IN YOUR POSSESSION: [FAX: (559-237-3012)]

*****Refer to Checklist on page 1*****

Request to Consider Placement in FCOE Emotionally Disturbed Program

We, the undersigned parents or legal guardians, hereby request that the Fresno County Superintendent of Schools, or the designated representative, give consideration to the placement of our child in a program for students with Emotional Disturbance, in accordance with provisions of the California State Education Code.

Mother

Date

and/or

Father

Date

Parents or legal guardians of students being considered by the County/District Individualized Education Program Team shall be present at a meeting to make a placement decision.

You will be contacted in advance of the Individualized Education Program Team meeting date. No child will be placed in a Special Education program without written parent consent.

In the event home-to-school transportation is required, it will be provided to and from the District of residence.

COMPLETED BY

DATE

TITLE

TELEPHONE