

## Request for Interim Placement **MODERATE/SEVERE DISABILITES PROGRAM**

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)]**

\*Individual Education Plan (IEP), including Goals and Objectives

\*Health Information / Immunization Record

\*Psychological / Educational Assessments

\*Agency Reports

### **Request to Consider Placement in Moderate/Severe Disabilities 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 Moderate/Severe disabilities, 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**