

CONSIDERATION OF RESIDENTIAL PLACEMENT

(Residential Placement Consultant and Clinical Therapist must be in attendance)

Student Name _____

D.O.B. _____

Meeting Date _____

1. Student is at risk for residential placement for the following reasons:

2. Residential placement prevention activities:

	Provider	Location	Frequency	Start Date	End Date
<input type="checkbox"/> Intensive Counseling					
<input type="checkbox"/> Social Work Service					
<input type="checkbox"/> Individual Parent Counseling and Training					
<input type="checkbox"/> Other:					

3. The IEP team agrees that:

The student should receive additional Intensive Social/Emotional services to address his/her educational needs, before considering residential placement:

The student requires residential placement in order to benefit from his/her special education program. Next steps will be:

If residential placement is selected, note "Residential Treatment Services" on Student Information and Services page.

Copy to: District Office Cumulative File Case Manager Parent/Adult Student Related Services Agency Other _____