

INTERIM ALTERNATIVE EDUCATIONAL SETTING

(Complete this form for students suspended for weapons, drugs or serious bodily injury.)

DATE _____

STUDENT _____ BIRTH DATE _____ GRADE LEVEL _____

BUILDING _____ TEACHER _____ SCHOOL DISTRICT _____

The following individuals participated in this Interim Alternative Educational Setting decision:

Parent/s: _____ Student: _____

District Representative: _____ Evaluation Representative: _____

General Ed. Teacher: _____ Special Ed. Teacher: _____

Other: _____ Other: _____

Note: Please use the same type of documentation, including sending copies of procedural safeguards, for inviting parents/students, as you normally would for IEPT meetings. If parents do not attend this Interim Alternative Educational Setting decision meeting, please attach documentation of invitations to this form.

Student placement into an interim alternative educational setting must:

- (1) Be selected so as to enable the student to continue to progress in the general curriculum, although in another setting, and to continue to receive those services and modifications, including those described in the student's current IEP, that will enable the student to meet the goals set out in that IEP; and
- (2) Include services and modifications to address the behavior described in Sections 300.520 (a) (2) or 300.521, that are designed to prevent the behavior from recurring {34 CFR section 300.522(b)}.

The interim alternative educational setting is: *(describe in detail)*

The effective date of this interim alternative education placement is: Month _____ Day _____ Year _____

The person responsible for this interim alternative educational placement is: _____

PARENT SIGNATURE:

- I have been informed of all procedural safeguards
- I agree with the placement decision. {34 CFR Section 300.525}
- I disagree with the placement decision and request an expedited hearing. {34 CFR Section 300.525}

Parent/s Guardian Signature: _____ Date: _____ mo/day/yr.