

Capistrano Unified School District
 San Juan Capistrano, California
 SPECIAL EDUCATION
 ADMINISTRATIVE PLACEMENT CHECKLIST

- Initial* (Send in Asterisked forms only.)
 30 Day

Current Information

Student Name: _____
 Birthdate: _____
 School: _____
 Current Placement: _____
 Annual Review Date: _____
 Triennial Review Date: _____

Program Update (for changes only)

Program: _____
 Level: _____
 Location: _____
 Start Date: _____
 Services Added: _____
 Services Deleted: _____
 Transportation Changes: _____

This checklist is to be completed and attached to the white copies of the forms listed below. All white copies must be sent to the Special Education Department immediately after the IEP Meeting. If the SpEd21 is used, the complete packet must be held at the site until parent consent is obtained. It is the case carrier's responsibility to obtain parent consent in a timely manner. Forms are to be arranged in the order listed below. All forms must be included in the packet.

Please complete the program change box when appropriate.

Form	School Check	District Office Check
1. IEP, Part I (SpEd 9)*	<input type="checkbox"/>	<input type="checkbox"/>
2. Comments/IEP Team Meeting Notes (if used) (SpEd 10)	<input type="checkbox"/>	<input type="checkbox"/>
3. Parent Consent Obtained After IEP Meeting (if necessary) (SpEd 21)	<input type="checkbox"/>	<input type="checkbox"/>
4. IEP Part II, (Goals & Objectives) (SpEd 11) * • For the Initial 30 days you may note acceptance of goals/objectives from previous District on IEP, Part I.	<input type="checkbox"/>	<input type="checkbox"/>
5. Multidisciplinary Team Assessment Report (SpEd 19)	<input type="checkbox"/>	<input type="checkbox"/>
6. Assessment Documentation (Psych/S&L) (SpEd 17)	<input type="checkbox"/>	<input type="checkbox"/>
7. Assessment Documentation Teacher (SpEd 18 or SpEd 18A)	<input type="checkbox"/>	<input type="checkbox"/>
8. Parent/Guardian Notice of IEP (SpEd 8) *	<input type="checkbox"/>	<input type="checkbox"/>
9. Assessment Planning Documentation (if necessary) (SpEd 23)	<input type="checkbox"/>	<input type="checkbox"/>
10. Parent Consent for Assessment/Reassessment (if necessary) (SpED 5)	<input type="checkbox"/>	<input type="checkbox"/>
11. Permission for Release of Information (SpEd 6) *	<input type="checkbox"/>	<input type="checkbox"/>
12. Send Copy of Previous District's IEP *	<input type="checkbox"/>	<input type="checkbox"/>

Special Education Parent Handbook Provided (date): _____
 Form completed by (signature): _____