

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

**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)	<input type="checkbox"/>	<input type="checkbox"/>
5. ITP (14 years and above)	<input type="checkbox"/>	<input type="checkbox"/>
6. Multidisciplinary Team Assessment Report (SpEd 19)	<input type="checkbox"/>	<input type="checkbox"/>
7. Developmental History (SpEd 26)	<input type="checkbox"/>	<input type="checkbox"/>
8. Assessment Documentation (Psych/S&L) (SpEd 17)	<input type="checkbox"/>	<input type="checkbox"/>
9. Assessment Documentation Teacher (SpEd 18)	<input type="checkbox"/>	<input type="checkbox"/>
10. Parent/Guardian Notice of IEP (SpEd 8)	<input type="checkbox"/>	<input type="checkbox"/>
11. Assessment Planning Documentation (SpEd 23)	<input type="checkbox"/>	<input type="checkbox"/>
12. Parent Consent for Assessment/Reassessment (SpEd 5)	<input type="checkbox"/>	<input type="checkbox"/>
13. Parent Permission/Assessment Letter (SpEd 4)	<input type="checkbox"/>	<input type="checkbox"/>
14. Referral for Assessment (SpEd 3)	<input type="checkbox"/>	<input type="checkbox"/>
15. Student Study Team Documentation Form (SpEd 2)	<input type="checkbox"/>	<input type="checkbox"/>
16. Student Study Team Form (SpEd 1)	<input type="checkbox"/>	<input type="checkbox"/>

Special Education Parent Handbook provided (date): \_\_\_\_\_

Form completed by (signature): \_\_\_\_\_