



YOLO COUNTY SELPA
INTERIM PLACEMENT FORM

IEP meeting, convened within 30 days of placement, to be held no later than: ___/___/___

Student Name: ___
First Middle Last Birthdate

Parent/Guardian/Surrogate Name: ___
First Last

Student's Address Age Grade Phone Number

District School
Student's Residence: [] Parent/ Guardian [] Foster [] LCI

Current information from prior district:
IEP Date Date(s) of most recent evaluation(s) Primary Disability Category
Primary Service Related Service(s)
District School
Phone Number Fax Number
Address City State Zip Contact
Date records requested By (Name/title)

INTERIM PLACEMENT INFORMATION:
Recommended Placement: Date Program to Begin: ___/___/___ Teacher: ___ School: ___

Table with 4 columns: Interim Placement, DIS Services, Instructional Time, Health Alert. Includes checkboxes for Regular Ed, DIS only, RSP level, SDC level, and other options.

Mental Health Services

Student was receiving mental health services pursuant to current IEP:
The LEA made a referral to local community mental health [] No [] Yes If yes, service pursuant to 2 CCR 60055(a).
Date of referral: ___/___/___
Residential nonpublic school provision applies to this student [] No [] Yes

Interim Placement Approved By: Administrator/Designee: ___ Date: ___/___/___

School: ___ District: ___

Signature: ___ [] Parent [] Guardian [] Surrogate Date: ___/___/___

I understand that my child's current IEP will be implemented to the extent possible within existing resources pending the IEP team meeting within 30 days to review the placement and make final recommendations. 30 EC 56325 (a)