

INTERIM PLACEMENT FOR STUDENTS TRANSFERRING INTO LOCAL EDUCATION AGENCY (LEA)

Whenever a child with a disability with an existing Individualized Education Program (IEP) transfers into a local education agency (LEA), the LEA shall provide a free appropriate public education (FAPE), including services comparable to those described in the last consented-to IEP. To facilitate the transition from one LEA to another, the new LEA in which the child enrolls shall take reasonable steps to promptly obtain the child's records, including his/her IEP and the supporting documents related to the provision of special education and related services to the child, from the previous school in which the child was enrolled (*Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325*).

If a child transfers into the LEA without an IEP or special education documentation, do not assume the child is currently receiving special education services based upon parental input. Best practice is to place the child in a general education setting until verification is received. If the child transfers into the LEA without a signed IEP, obtain additional information through CALPADS. There may be times when the student records are not delivered in a timely manner and the LEA may want to consider proposing an expedited assessment based on parent/guardian input.

I. STUDENT TRANSFERS WITHIN DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA

If a child with a disability transfers into a LEA during the school year from a LEA within the Desert/Mountain Special Education Local Plan Area hereinafter refer to as "SELPA," the receiving LEA shall continue, without delay, to provide services comparable to those described in the existing IEP, unless the child's parent/guardian and the LEA agree to develop, adopt, and implement a new IEP that is consistent with state and federal laws (*Title 34 of the Code of Federal Regulations § 300.323; Education Code § 56325*).

A. LEA Designee Responsibility

1. Request student records from the previous LEA.
2. The LEA of Residence or Accountability shall update information in the IEP system and notify the special education department's MIS contact regarding the child's enrollment status and LEA access to the IEP system.
3. Complete the Interim Placement packet and contact the previous LEA if there is insufficient information to determine eligibility and placement.
4. Review records and the incoming IEP to determine whether comparable services can be provided.

- a. If YES,

INTERIM PLACEMENT FOR STUDENTS TRANSFERRING INTO LOCAL EDUCATION AGENCY (LEA)

- Implement the IEP immediately, including services comparable to those described in the existing IEP in consultation with the parent/guardian.
- The IEP team may but is not required to conduct a 30-day review IEP or an IEP amendment in the IEP system to review the child's current performance data and meet with the parent/guardian.

b. If comparable services CANNOT be provided,

- Discuss substantive changes and program options to determine what, if any, comparable services can be provided.
 - ◆ Input what services cannot be provided in the Comments/Notes section of the Interim Placement packet.
- Immediately convene an Addendum IEP meeting.
- Offer FAPE.

NOTE: When programs or services that were provided in the previous LEA are not available, an alternative program must be considered, whereby a referral to a County-operated program, placement in a nonpublic school (NPS), or residential placement may be necessary.

5. If the child's placement **continues** in a county-operated program within the SELPA, the LEA shall change the LEA of Residence/Accountability on the Interim Placement form (DM 68IP).

If the child's previous IEP requires intensive special day class services and such a class is not operated by the LEA, the LEA can refer the child to a county-operated program (hereinafter referred to as DMOPs), a nonpublic school (NPS), or residential placement.

The LEA special education administrator/designee shall complete the Interim Placement packet (DM 68IP) as well as the following procedures to help expedite the placement in a timely manner:

- Evaluate and consider the most comparable placement in which the child's IEP goals/objectives can be appropriately implemented while considering the continuum of placement options.
- Convene a 30-day IEP meeting and invite an agency representative to discuss the program/placement being considered for consult.
- Complete the appropriate transfer referral:

INTERIM PLACEMENT FOR STUDENTS TRANSFERRING INTO LOCAL EDUCATION AGENCY (LEA)

1. SBCSS Desert/Mountain Operations Referral
2. Nonpublic School Transfer Referral

NOTE: Incomplete referral packets will be returned to the LEA. It is essential that all information be forwarded to avoid unnecessary delays. The LEA of residence remains responsible for making an offer of FAPE to students, including meeting legal timelines, even if DMOPs becomes the LEA of service.

II. STUDENT TRANSFERS FROM OUTSIDE OF DMSELPA

When a child with a disability transfers into a district from a district not operating programs under the same local plan (i.e., LEA in Los Angeles, San Diego, etc.) in which he/she was last enrolled in a special education program within the same academic year, the LEA shall provide the child with FAPE, including services comparable to those described in the previously approved IEP, in consultation with the parent/guardian, for a period not to exceed 30 days, by which time the receiving LEA shall adopt the previously approved IEP or shall develop, adopt, and implement a new IEP that is consistent with federal and state law.

A. LEA Designee Responsibility

1. Request student records from the previous LEA.
2. Complete the Interim Placement packet and contact previous LEA if there is insufficient information to determine eligibility and placement.
3. Review records and the incoming IEP to determine whether comparable services can be provided.
 - a. If YES,
 - Implement the IEP immediately, including services comparable to those described in the previous LEA's IEP in consultation with the parent/guardian not to exceed 30 days.
 - Conduct a 30-day review to:
 - ◆ Adopt previously approved IEP, or develop, adopt, and implement a new IEP.
 - Transfer data into the IEP system.
 - b. If comparable services CANNOT be provided,
 - Discuss substantive changes and program options to determine what, if any, comparable services can be provided.

INTERIM PLACEMENT FOR STUDENTS TRANSFERRING INTO LOCAL EDUCATION AGENCY (LEA)

- ◆ Input what services cannot be provided in the Comments/Notes section of the Interim Placement packet.

- Immediately convene an Addendum IEP meeting.

NOTE: When programs or services that were provided in the previous LEA are not available, an alternative program must be considered, whereby a referral to a county-operated program, placement in a nonpublic school (NPS), or residential placement may be necessary.

4. If the child's previous IEP requires intensive special day class services and such a class is not operated by the LEA, the LEA can refer the child to a county-operated program (hereinafter referred to as DMOPs), a nonpublic school (NPS), or residential placement.

The LEA special education administrator/designee shall complete the Interim Placement packet (DM 68IP) as well as the following procedures to help expedite the placement in a timely manner:

- Evaluate and consider the most comparable placement in which the child's IEP goals/objectives can be appropriately implemented while considering the continuum of placement options.
- Hold/convene a 30-day IEP meeting and invite an agency representative to discuss the program/placement being considered for consult.
- Complete the appropriate transfer referral:
 1. SBCSS Desert/Mountain Operations Placement/Services Referral
 2. Nonpublic School Transfer Referral
 3. Residential Placement

NOTE: Incomplete referral packets will be returned to the LEA. It is essential that all information be forwarded to avoid unnecessary delays. The LEA of residence remains responsible for making an offer of FAPE to students, including meeting legal timelines, even if DMOPs becomes the LEA of service.

III. STUDENT TRANSFERS FROM OUT-OF-STATE

When a child with a disability transfers from an LEA located outside the State of California into a LEA within California, the LEA shall provide the student with FAPE, including services comparable to those described in the previously approved IEP, in

INTERIM PLACEMENT FOR STUDENTS TRANSFERRING INTO LOCAL EDUCATION AGENCY (LEA)

consultation with the parents, until the LEA conducts an assessment (*Title 20 of the United States Code Section 1414(1)(a)*), if determined to be necessary by the LEA, and develops a new IEP, if appropriate, that is consistent with federal and state law.

A. LEA Designee Responsibility

1. Request student records from the previous LEA.
2. Complete Interim Placement packet and contact the previous LEA if there is insufficient information to determine eligibility and placement.
3. Review records and the incoming IEP to determine whether comparable services can be provided.
 - a. If YES,
 - Implement the IEP immediately including services comparable to those described in the student's existing IEP in consultation with the parent/guardian.
 - Transfer data into the IEP system.
 - Convene a 30-day review (best practice) to review child's current performance data and meet with the parent/guardian to determine whether assessment is necessary. If an assessment is needed, hold an IEP meeting to develop a new IEP for the student.
 - b. If comparable services CANNOT be provided,
 - Discuss substantive changes and program options to determine what, if any, comparable services can be provided.
 - ◆ Input what services cannot be provided in the Comments/Notes section of the Interim Placement packet.
 - Immediately convene an Addendum IEP meeting.

NOTE: When programs or services that were provided in the previous LEA are not available, an alternative program must be considered, whereby a referral to a County-operated program, placement in a nonpublic school (NPS), or residential placement may be necessary.

4. If the child's previous IEP requires intensive special day class services and such a class is not operated by the LEA, the LEA can refer the child to a county-operated program (hereinafter referred to as DMOPs), a nonpublic school (NPS), or residential placement.

INTERIM PLACEMENT FOR STUDENTS TRANSFERRING INTO LOCAL EDUCATION AGENCY (LEA)

The LEA special education administrator/designee shall complete the Interim Placement packet (DM 68IP) as well as the following procedures to help expedite the placement in a timely manner:

- Evaluate and consider the most comparable placement in which the child's IEP goals/objectives can be appropriately implemented while considering the continuum of placement options.
- Hold/convene a 30-day IEP meeting and invite an agency representative to discuss the program/placement being considered for consult.
- Complete the appropriate transfer referral:
 1. SBCSS Desert/Mountain Operations (DMOPs) Placement/Services Referral
 2. Nonpublic School Transfer Referral
 3. Residential Placement

NOTE: Incomplete referral packets will be returned to the LEA. It is essential that all information be forwarded to avoid unnecessary delays. The LEA of residence remains responsible for making an offer of FAPE to students, including meeting legal timelines, even if DMOPs becomes the LEA of service.

DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA (CODE 3601)
DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA (CODE 3651)
17800 HIGHWAY 18 • APPLE VALLEY, CA 92307 • (760) 552-6700

☐ Interim Placement

STUDENT INFORMATION:

Last: _____ First: _____ Mid. Initial: _____ Suffix: _____
DOB: _____ Age: _____ Student No: _____ Gender: ☐ M ☐ F ☐ Non-Binary Grade: _____
Ethnicity: Select one only ☐ YES, Hispanic or Latino **OR** ☐ NO, not Hispanic or Latino Indicate one or more race(s) below:
(1) _____ (2) _____ (3) _____
Medi-Cal Eligible: ☐ Yes ☐ No Medi-Cal No.: _____ SSID No.: _____
Parent/Guardian/Surrogate: _____ Home Phone: _____
Address: _____ Work Phone: _____
Mailing Address: _____ Emg. Phone: _____
Contact Person (if student address different): _____ Contact Phone: _____
Student's Address (if different): _____ Residency Code: _____
LEA of Residence (Accountability): _____ School of Residence: _____
LEA of Service: _____ Attending School: _____
School Type Code: _____ Weekly % of Time the Student is in the General Education Setting: _____
Infant Setting (Ages 0-2): _____ Preschool Setting (Ages 3-5): _____ School Age Setting (Ages 6-22): _____

DISABILITY:

PRIMARY DISABILITY: _____

SECONDARY DISABILITY: _____

Check all that apply below and indicate the Primary and Secondary Disability Codes in the space provided above: (*Low Incidence)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Intellectual Disability (210) | <input type="checkbox"/> Hard of Hearing (220)* | <input type="checkbox"/> Deafness (230)* | <input type="checkbox"/> Speech / Lang. Imp. (240) |
| <input type="checkbox"/> Visual Impairment (250)* | <input type="checkbox"/> Emotional Disturbance (260) | <input type="checkbox"/> Orthopedic Impairment (270)* | <input type="checkbox"/> Other Health Imp. (280) |
| <input type="checkbox"/> Est. Med. Disability (281) | <input type="checkbox"/> Spec. Learning Disability (290) | <input type="checkbox"/> Deaf / Blindness (300)* | <input type="checkbox"/> Multiple Disabilities (310) |
| <input type="checkbox"/> Autism (320) | <input type="checkbox"/> Traumatic Brain Injury (330) | | |

DATE: _____

TIMELINE INFORMATION (DATES)

Please mark the appropriate box and complete all information as they relate to the child.

☐ CHECK HERE IF INFANT (AGE 0-2) ☐ CHECK HERE IF CHILD IS AGE 3-22

Pre-referral Intervention w/in last 2 Years: ☐ Yes ☐ No

Referred by for Initial Assessment: _____

Date LEA Received Initial Signed AP: _____

Initial Referral Date: _____ Initial IEP Meeting Date: _____

If assessment not completed prior to student's 3rd birthday, specify Code No.: _____

If assessment not completed within 60-day timeline, specify Code No.: _____

Low Incidence Disability: ☐ Yes ☐ No Disability Code: ☐ 220 ☐ 230 ☐ 250 ☐ 270 ☐ 300

Original S.E. Entry Date: _____ S.E. Re-entry Date: _____

Exit S.E. Date: _____ Exit S.E. Code: _____

Current Annual Date: _____ Next Annual Review Date: _____

Annual Delay Date: _____ Reason for Delay: _____

Current Triennial Date: _____ Next Triennial Date: _____

Triennial Delay Date: _____ Reason for Delay: _____

Early Start Transition Plan Meeting Date: _____ Home Language Code: _____

English Language Learner: ☐ Yes ☐ No Reclassified: ☐

Migrant: ☐ Yes ☐ No Extended School Year: ☐ Yes ☐ No No. of Days: _____

Agency Services: ☐ CCS ☐ Rehab ☐ CARE ☐ Reg. Ctr. ☐ Other: _____

☐ Severe Disability ☐ Non-severe Disability ☐ Solely Low Incidence Disability (0-2 Years Only)

GRADUATION INFORMATION

Participate in High School Curriculum to Graduate with a Diploma ☐ Yes ☐ No

High School Program Leading to a Certificate of Completion ☐ Yes ☐ No

SPECIAL TRANSPORTATION INFORMATION

Check if student requires special transportation arrangements to participate in special education services.

☐ Eligible (indicate type and provider) ☐ Eligible – Parent Declined ☐ Not Eligible

Type: _____

Provider: _____

REASON FOR DECISION / ELIGIBILITY STATEMENT:

Student Name: _____ DOB: _____ Date: _____

INTERIM PLACEMENT

INDIVIDUALIZED EDUCATION PROGRAM INCLUDES:

- | | | |
|---|--|---|
| <input type="checkbox"/> Assistive Technology (AT) | <input type="checkbox"/> Health Care Plan | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Assistive Technology (AT) for Low Incidence Disability | <input type="checkbox"/> Transition Plan (Age 15+) | <input type="checkbox"/> Extended School Year |
| <input type="checkbox"/> Behavior Intervention Plan (BIP) | <input type="checkbox"/> Other: _____ | |

Whenever a pupil transfers into a district from a district not operating programs under the same local plan in which he or she was last enrolled in a special education program within the same academic year, the local educational agency shall provide the pupil with a free appropriate public education, including services comparable to those described in the previously approved individualized education program, in consultation with the parents to the extent possible within existing resources, for a period not to exceed 30 days, by which time the local education agency shall adopt the previously approved individualized education program or shall develop, adopt, and implement a new individualized education program that is consistent with federal and state law. EC 56325

- | | | |
|---|------------------------------|---------------------------|
| <input type="checkbox"/> New to LEA from within the Desert/Mountain SELPA/Charter SELPA | <input type="checkbox"/> N/A | 30 Day Review Date: _____ |
| <input type="checkbox"/> New to LEA from outside of the Desert/Mountain SELPA/Charter SELPA | Previous LEA Name: _____ | 30 Day Review Date: _____ |
| <input type="checkbox"/> New to LEA from outside the State of California | Previous LEA Name: _____ | 30 Day Review Date: _____ |

COUNTY OPERATED PROGRAMS

When a student moves into a LEA and has an IEP requiring supports and services that are unable to be provided by the LEA, the LEA can make an interim placement into a county program operated by Desert/Mountain Operations.

- ☐ Referral to Desert/Mountain Operations (The LEA special education administrator/designee must complete the SELPA Interim Placement Form and Form D/M 85)

RESIDENTIAL NONPUBLIC SERVICES

Residential nonpublic school provision applies to this student: ☐ Yes ☐ No

Note: For a pupil placed and residing in a residential NPS prior to transferring to a school district in another special education local plan area, and this placement is not eligible for funding pursuant to Section 56836.16, the special education local plan area that contains the district that made the residential NPS placement shall continue to be responsible for the funding of the placement, including related services, for the remainder of the school year. An extended year session is included in the school year in which the session ends. EC 56325 (c)

ADOPTION OF PREVIOUS INDIVIDUALIZED EDUCATION PROGRAM

Adopt current IEP:

- ☐ Yes ☐ No (Schedule an Addendum)

COMMENTS/NOTES:

METHODS OF CONSULT WITH PARENT/GUARDIAN/SURROGATE:

- ☐ IN PERSON ☐ PHONE CONFERENCE ☐ VIRTUAL ☐ EMAIL ☐ WRITTEN CORRESPONDENCE Date of Consultation: _____

Administrator/Case Manager Name: _____ Title/Position: _____

Student Name: _____ DOB: _____ Date: _____

SPECIAL EDUCATION AND RELATED SERVICES / OFFER OF FAPE

SPECIAL EDUCATION AND RELATED SERVICES								
	SERVICE (CODE NO.)*		CLASS NO.	PROVIDER	LOCATION OF SERVICE (CODE NO.)	PROJECTED START DATE	FREQUENCY (CODE NO.)	DURATION (MINUTES PER FREQUENCY)
Primary		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
2		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
3		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
4		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
5		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
6		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
7		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
8		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
9		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
10		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
11		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
12		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
13		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
14		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
15		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
16		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
17		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						
18		<input type="checkbox"/> Indiv. <input type="checkbox"/> Group						

** NOTE: Programs and services will be provided according to where the student is in attendance and consistent with the LEA of service calendar and scheduled services, excluding holidays, vacations, and non-instructional days unless otherwise specified.

COMMENTS:

OFFER OF FREE APPROPRIATE PUBLIC EDUCATION (FAPE)

OFFER OF FAPE:

Interim Placement for Students Transferring into LEA

