

LONG COUNTY SCHOOL SYSTEM
468 South McDonald Street
Ludowici, GA 31316
Parental Consent for Interim Placement

Date: _____

This is to certify that I have been informed of the recommendation that _____ (student's name) receive special education and related services on an interim basis at _____ (name of school). I understand that this recommendation reflects the service needs identified in my child's previous records.

An Individualized Education Program (IEP) meeting will be scheduled within 30 days of this student's enrollment to review the IEP and to determine if additional information will be needed for eligibility.

If you have questions prior to the IEP team meeting, please contact Ms. Donna Manning, Director of Special Education, at (912)545-2367, ext. 3009.

____ Yes, I do agree with this interim placement.

____ No, I do not agree with this interim placement for the following reasons:

Signature of Parent/Guardian/Surrogate

Date

A copy of parent rights enclosed.