

TO: Special Education Manager

Washington Township Public Schools
Department of Student and Special Education Services
SPECIAL EDUCATION PLACEMENT FORM

Please Select One:

New Registration Change of Classification Declassification Homebound
Newly Classified Change of Program Transfer / Drop Out Ombudsman
Change of School

Student's Name ID # DOB Race Sex
Address Telephone
City, Zip
Parent(s) Name(s)
Student's Home School

Current Information:

School Grade AM/PM Teacher:
Classification Self-Contained/Resource Room
Type of Program Last Day on Roll
1:1 Assistant Yes No (If yes, assistant's name)

Change of Information:

New School Grade AM/PM Teacher
Classification Self-Contained/Resource Room
Type of Program First Day on Roll
1:1 Assistant Yes No (If yes, assistant's name)

Comments:

Case Manager's Signature Ext. # Date

Special Transportation Requirements:

Wheelchair lift/ramp SeatBelt Carseat (size: lbs.) Safety Vest
Restraining straps Airconditioned Bus ** Curb to Curb Van
Aide on Bus (CPR**/ Sign Language) 1:1 Busaide (CPR**/ Sign Language)
Seizure Protocol: (explain) Bus number

**completed medical card needed

***doctor's note needed stating medical reason

Copies to: CST Secretary
Transportation Department Manager
School - Elementary Principal, Principal's Secretary, Nurse
Middle Principal, Guidance Counselor, Guidance Secretary, Nurse
High Executive Assistant Principal, Guidance Counselor, Guidance Secretary, Nurse