

**VT Department of Education-Residential Review Team**  
**Consideration of Residential Placement Form**  
**LEA Notification to the Commissioner of Education**  
**Required for students whose IEP may call for residential placement under Title 16 §2958(a)**

Student's Name \_\_\_\_\_ Supervisory Union \_\_\_\_\_

Date of birth \_\_\_\_\_ Grade \_\_\_\_\_ Custody \_\_\_\_\_

Name of parent(s)/guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Disability \_\_\_\_\_ Spec. Ed. Administrator \_\_\_\_\_

**The Department of Education wants to know about residential placements as early as possible. Please let us know which of these steps have been taken. This form must be filled out whenever the IEP team is considering residential placement. This includes second year residential students.**

Are you currently working with anyone from the Department of Education regarding this child?

Yes  No If yes, with whom? \_\_\_\_\_

**This notice is being given because of:**

- A recommendation by the Evaluation and Planning Team for residential placement.
- A unilateral residential placement by the parent or a state agency.
- A parental inquiry for residential placement.
- A recommendation by a state agency for residential placement.
- An IEP has been written calling for residential placement.
- A non-approved school is being considered and an exception is being sought.
- Other \_\_\_\_\_

**At this time the Evaluation and Planning Team is requesting the following:**

- Information about alternatives to residential placements.
- Information about residential schools.
- Training or assistance with the residential review process.
- Assistance with planning team meetings where residential issues will be considered.
- We have no needs at this time.

**If a Coordinated Services Plan has been completed please include the CSP with this form and fill out the Interagency Referral Checklist**

- A treatment team has been formed.  Yes  No
- A comprehensive initial or re-evaluation has been completed.  Yes  No
- The treatment team has reviewed the case with the Local Interagency Team (LIT).  Yes  No

**Return form to:** Mike Mulcahy, Student & Educator Support, Residential Review, VT Department of Education, 120 State Street, Montpelier, VT 05620; mike.mulcahy@state.vt.us

Phone: 828-5108 Fax: 828-0573

For Department use:

Received \_\_\_\_\_ Team:  Yes  No Team members \_\_\_\_\_

## Termination of Residential Placement

Return this form to:

Mike Mulcahy, Residential Review  
Vermont Department of Education  
120 State Street  
Montpelier, VT 05620-2501  
Phone: 802-828-5108  
Fax: 802-828-0573  
E-mail: mike.mulcahy@state.vt.us

**For Department use only**

Name \_\_\_\_\_

CID # \_\_\_\_\_

Date in \_\_\_\_\_

Student's Name \_\_\_\_\_ School District \_\_\_\_\_

Special Education Coordinator \_\_\_\_\_

**This notice is being given because:**

- Of a determination by the Evaluation and Planning Team to move to a less restrictive environment.
- The student has graduated.
- Of other reasons. [Specify] \_\_\_\_\_

**Are you currently working with anyone from the Department of Education regarding this child?**

Yes     No    If yes, with whom? \_\_\_\_\_

The student's most recent placement was \_\_\_\_\_

S/he left the most recent placement on \_\_\_\_/\_\_\_\_/\_\_\_\_

S/he is attending a public school in \_\_\_\_\_

S/he is attending an alternative program at \_\_\_\_\_

Other \_\_\_\_\_

## Placement Verification Form

State of Vermont  
Vermont Department of Education  
Mike Mulcahy, Student and Education Support Team  
Montpelier, VT 05620  
(802) 828-5108

Supervisory Union \_\_\_\_\_

Special Education Administrator submitting application \_\_\_\_\_

Name of student \_\_\_\_\_ Disability category \_\_\_\_\_

Date of birth \_\_\_\_\_ Child count # \_\_\_\_\_

Pre-residential placement \_\_\_\_\_

Parent/Guardian legal Town of Residence (include house #, city/town, state, zip)

Name of parent/guardian \_\_\_\_\_

Mother's address \_\_\_\_\_

Father's address \_\_\_\_\_

If in Care and Custody/Guardianship of state (include the address)

Name of state agency \_\_\_\_\_

Name of Educational Surrogate Parent \_\_\_\_\_

Was a notification form to the commissioner filled out for the year the student is being placed?

\_\_\_\_ Yes \_\_\_\_ No

### Residential Program

Name of placement \_\_\_\_\_ Date of initial placement \_\_\_\_\_

School address \_\_\_\_\_

Special Education endorsed?  Yes  No

If no, was exception granted?  Yes  No Date exception granted \_\_\_\_\_

Total estimated cost of this placement for the period from \_\_\_\_\_ through \_\_\_\_\_

Cost is \$ \_\_\_\_\_ per day. Cost is \$ \_\_\_\_\_ per month. Total estimated cost is \$ \_\_\_\_\_

**School must be a state approved private school or an Exception must be granted by the Vermont Department of Education to qualify for funding. (We also accept schools approved by other states.)**

### Assurance

I hereby certify that this student had a written comprehensive evaluation dated \_\_\_\_\_ and/or a supplemental evaluation report dated \_\_\_\_\_. The Individual Education Program (IEP) dated from \_\_\_\_\_ to \_\_\_\_\_ recommends a program which specifies the need for a residential placement, and includes reintegration goals and objectives. The IDEA and the Vermont Special Education Regulations were followed during the identification and placement process.

Superintendent of Schools \_\_\_\_\_ Date \_\_\_\_\_