



219 North Main Street, Suite 402
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Consideration of Residential Placement

Early Notification to the Secretary of Education 16 VSA §2958(a)

Student Information

Student Name: _____ DOB: ____/____/____ Grade: _____

Primary Disability: _____ Secondary Disability: _____

Town of Residence: _____ Who has custody? _____

SU/SD: _____ Current School: _____

Special Education Admin.: _____ Phone _____

Email: _____

VT Special Education Rule: §2366.9.2.3: *Unless extraordinary circumstances are presented, each LEA shall notify the Secretary at least 30 days prior to a change of placement to a residential placement, or other program, or 30 days prior to the IEP meeting where continuation at a residential placement or program is being considered.*

1. Who is requesting the residential placement?

Check the primary areas that you want a residential facility to address.

- Trauma
- Communication
- Behaviors/Conduct Disorders
- Sexualized Behaviors
- Multiple Disabilities
- Autism
- Academic
- Other _____

2. Describe the supports and/or services currently being provided by other agencies:

What does the student need to remain in the current placement? _____

3. Does this student have a Coordinated Services Plan? Yes No If no, is there a plan to have a CSP? Yes No If yes, what is the date? _____

4. Has this student's plan been discussed at the Local Interagency Team (LIT?)
 Yes No If no, is the team planning to present at LIT? _____

5. What does the IEP Team need to move forward? (check all that apply):

- Assistance regarding alternatives to residential placements and other resources
- Assistance in locating cost-effective and appropriate residential facilities
- No information is needed
- Other _____

Residential facility is the IEP Team considering (optional)

Name of Residential Facility: _____

Address: _____

Website (if out of State) _____

Disabilities approved for (if known) _____

Approximate Cost \$ _____

Please provide copies of the following with the submission of this form:

- Most recent evaluation plan and report
- Current IEP
- Any other relevant information (i.e. Coordinated Services Plan (CSP), Treatment Team reports, discipline or medical reports)

Return completed form to:

Alicia Hanrahan, Education Programs Manager/Interagency Coordinator

VT Agency of Education, 219 North Main Street, Suite 402 Barre, VT 05641

Email: alicia.hanrahan@vermont.gov | Phone: 802-479-1206 | Fax: 802-479-4320

Date Received by AOE ____ / ____ / ____