

**MISSISSIPPI DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION
EDUCABLE CHILD FORM FOR PARENTALLY-PLACED STUDENTS**

SCHOOL/FACILITY: _____ **SCHOOL YEAR:** _____

I. IDENTIFYING INFORMATION

Student's Name:	
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II. HAS THE DISTRICT WHERE THE STUDENT RESIDES BEEN CONTACTED FOR SERVICES? Yes No

District/LEA (Local Educational Agency) Contact Person: _____

If yes, please provide details of services the district offered. _____

If no, please state reason(s) why district was not contacted. _____

III. SUMMARIZE STUDENT'S PRESENT LEVEL(S) OF PERFORMANCE

IV. EXPLAIN WHY THE STUDENT CAN NOT PURSUE ALL EDUCATION CLASSWORK IN A PUBLIC SCHOOL SETTING DUE TO HIS/HER DISABILITY.

V. DESCRIBE THE EDUCATION SERVICES AND/OR RELATED SERVICES THAT WILL ENABLE THE CHILD TO REACH HIS/HER APPROPRIATE AND UNIQUELY DESIGNED GOALS FOR SUCCESS.

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VI. PLACEMENT DECISIONS

Placement Team (name and title): The four labeled lines **MUST BE COMPLETED**: These individuals must be participants on the Placement Team.

Person knowledgeable about the child	
Person knowledgeable about evaluation data	
Person knowledgeable about placement options	
Parent	
Other (Specify)	

The placement is based on: Check one or more

- Attached Evaluation information
- Evaluation information detailed below:

- Other (Specify)

Document discussions regarding placement option(s), and indicate selected placement. Responses are required for each one.

- a. Placement Option(s) Considered (List placement options from least restrictive to most restrictive that are discussed and considered)
- b. Benefits (Complete for placement option(s) discussed from least restrictive to most restrictive)
- c. Possible harmful effects on the child (Complete for each placement option(s) discussed from least restrictive to most restrictive)
- d. Modifications/supplementary aids and services considered to reduce harmful effects
- e. Indicate the option selected and reason(s) for selection (A placement option **MUST BE** selected and noted and all other placements must be rejected)