

**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.

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	
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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)