 **CAMDEN CITY SCHOOL DISTRICT**

201 N. FRONT ST, CAMDEN, NEW JERSEY 08102

856-966-2000 ● www.camden.k12.nj.us

Paymon Rouhanifard

Superintendent

**JUSTIFICATION FOR: PRIVATE SCHOOL – PLACEMENT**

**Date:** Click here to enter a date.

**To:** Camden County Supervisor

**From:** Camden City Schools, Senior Director of Special Services

**Re:** Click here to enter text. ID# Click here to enter text. DOB: Click here to enter text.

**Check the appropriate box:**  Initial Request  Continuation

**The following items must be completed prior to submitting the request for TUITION PLACEMENT:**

1. Describe the student’s need and instructional considerations that support the request for out of district placement. (Include this information in the PLAAFP.)

Click here to enter text.

2. What programs or services are offered at the proposed placement site that differ from the programs and services offered within the district? (Include this information on IEP.)

Click here to enter text.

3. Document ALL other less restrictive program options that have been considered and determined inappropriate. What supports and/or management plans have been implemented in other less restrictive program options? Attach information as needed. (Include this information on the IEP.)

Click here to enter text.

***The Out of District Worksheet must be completed prior to generating this letter for all initial placements. Attach the OOD Worksheet to this letter when submitting to Special Services.***

*Completed by:*

Choose an item.

**UPLOAD THIS COMPLETED FORM TO THE STUDENT’S IEP DIRECT DOCUMENT REPOSITORY.**