



Camden City School District

Child Study Team

Out of District Placement Worksheet

DEMOGRAPHIC INFO:

Student Name: _____
 Student ID #: _____ DOB: _____ Race: _____ Male Female
 Student Primary Language: _____ Parent Primary Language: _____
 Residing with: _____ Mother Father Guardian/Other
 Address: _____
 Home Phone: _____ Cell Phone: _____

SCHOOL INFO: School: _____ Teacher(s): _____
 Grade: _____ Room: _____ Grade(s) Repeated: _____
 # Days Absent: _____ # Days Tardy: _____ # Days Suspended: _____

Student Placement History: (Check all that apply for current and all previous years)

Grade	Program(s)	Notes – Include School(s) Attended and reasons for program changes	Grade	Program(s)	Notes – Include School(s) Attended and reasons for program changes
Pre-K	<input type="checkbox"/> Gen Ed <input type="checkbox"/> PSD		6	<input type="checkbox"/> Gen Ed <input type="checkbox"/> ICR <input type="checkbox"/> LDM <input type="checkbox"/> LDS <input type="checkbox"/> MCI <input type="checkbox"/> MOD <input type="checkbox"/> BD <input type="checkbox"/> MD <input type="checkbox"/> AUT <input type="checkbox"/> OOD _____	
K	<input type="checkbox"/> Gen Ed <input type="checkbox"/> ICR <input type="checkbox"/> LDM <input type="checkbox"/> LDS <input type="checkbox"/> MCI <input type="checkbox"/> MOD <input type="checkbox"/> BD <input type="checkbox"/> MD <input type="checkbox"/> AUT <input type="checkbox"/> OOD _____		7	<input type="checkbox"/> Gen Ed <input type="checkbox"/> ICR <input type="checkbox"/> LDM <input type="checkbox"/> LDS <input type="checkbox"/> MCI <input type="checkbox"/> MOD <input type="checkbox"/> BD <input type="checkbox"/> MD <input type="checkbox"/> AUT <input type="checkbox"/> OOD _____	
1	<input type="checkbox"/> Gen Ed <input type="checkbox"/> ICR <input type="checkbox"/> LDM <input type="checkbox"/> LDS <input type="checkbox"/> MCI <input type="checkbox"/> MOD <input type="checkbox"/> BD <input type="checkbox"/> MD <input type="checkbox"/> AUT <input type="checkbox"/> OOD _____		8	<input type="checkbox"/> Gen Ed <input type="checkbox"/> ICR <input type="checkbox"/> LDM <input type="checkbox"/> LDS <input type="checkbox"/> MCI <input type="checkbox"/> MOD <input type="checkbox"/> BD <input type="checkbox"/> MD <input type="checkbox"/> AUT <input type="checkbox"/> OOD _____	
2	<input type="checkbox"/> Gen Ed <input type="checkbox"/> ICR <input type="checkbox"/> LDM <input type="checkbox"/> LDS <input type="checkbox"/> MCI <input type="checkbox"/> MOD <input type="checkbox"/> BD <input type="checkbox"/> MD <input type="checkbox"/> AUT <input type="checkbox"/> OOD _____		9	<input type="checkbox"/> Gen Ed <input type="checkbox"/> ICR <input type="checkbox"/> LDM <input type="checkbox"/> LDS <input type="checkbox"/> MCI <input type="checkbox"/> MOD <input type="checkbox"/> BD <input type="checkbox"/> MD <input type="checkbox"/> AUT <input type="checkbox"/> OOD _____	
3	<input type="checkbox"/> Gen Ed <input type="checkbox"/> ICR <input type="checkbox"/> LDM <input type="checkbox"/> LDS <input type="checkbox"/> MCI <input type="checkbox"/> MOD <input type="checkbox"/> BD <input type="checkbox"/> MD <input type="checkbox"/> AUT <input type="checkbox"/> OOD _____		10	<input type="checkbox"/> Gen Ed <input type="checkbox"/> ICR <input type="checkbox"/> LDM <input type="checkbox"/> LDS <input type="checkbox"/> MCI <input type="checkbox"/> MOD <input type="checkbox"/> BD <input type="checkbox"/> MD <input type="checkbox"/> AUT <input type="checkbox"/> OOD _____	
4	<input type="checkbox"/> Gen Ed <input type="checkbox"/> ICR <input type="checkbox"/> LDM <input type="checkbox"/> LDS <input type="checkbox"/> MCI <input type="checkbox"/> MOD <input type="checkbox"/> BD <input type="checkbox"/> MD <input type="checkbox"/> AUT <input type="checkbox"/> OOD _____		11	<input type="checkbox"/> Gen Ed <input type="checkbox"/> ICR <input type="checkbox"/> LDM <input type="checkbox"/> LDS <input type="checkbox"/> MCI <input type="checkbox"/> MOD <input type="checkbox"/> BD <input type="checkbox"/> MD <input type="checkbox"/> AUT <input type="checkbox"/> OOD _____	
5	<input type="checkbox"/> Gen Ed <input type="checkbox"/> ICR <input type="checkbox"/> LDM <input type="checkbox"/> LDS <input type="checkbox"/> MCI <input type="checkbox"/> MOD <input type="checkbox"/> BD <input type="checkbox"/> MD <input type="checkbox"/> AUT <input type="checkbox"/> OOD _____		12	<input type="checkbox"/> Gen Ed <input type="checkbox"/> ICR <input type="checkbox"/> LDM <input type="checkbox"/> LDS <input type="checkbox"/> MCI <input type="checkbox"/> MOD <input type="checkbox"/> BD <input type="checkbox"/> MD <input type="checkbox"/> AUT <input type="checkbox"/> OOD _____	

FBA Completed? No Yes (Date) _____

BIP originally implemented on: (Date) _____ Revised: _____ Revised: _____

Behavior Consultation on IEP? No Yes

Teacher consultation with Behavior Interventionist: No Yes (Date) _____

Manifestation meeting held: (Date) _____ (Date) _____ (Date) _____

What placements have not yet been tried to meet the student's needs? _____

Describe the reasons that the student's needs cannot be met in a Camden City placement:

List the accommodations that would be necessary for the student's needs to be met in a Camden City placement:

1. _____

2. _____

3. _____

Who have you contacted to initiate or request these accommodations? (Teacher, Building Principal, Lead Educator, Special Services, etc.)

(Person) _____ (Date) _____ **Result:** _____

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(Person) _____ (Date) _____ **Result:** _____

Related Services Listed on IEP:

Speech (Assigned Therapist): _____ OT (Assigned Therapist): _____

PT (Assigned Therapist): _____ Counseling (Assigned Counselor): _____

1:1 Aide (Assigned Aide): _____ Behavior Consultation (Assigned Consultant): _____

Additional Considerations:

-----> **IF A TUITION PLACEMENT IS WARRANTED** <-----

- Scan Worksheet to kmaas@camden.k12.nj.us (Date) _____ (Response) _____
- Send email to availableplacements.camden@doe.state.nj.us (Date) _____ (Date) _____ Response received (Date) _____

Recommended School	Contacted on (Date)	Response

- Gather student records: (ie transcripts, immunization, evaluations, etc.)
- If no public schools accept the student, apply to tuition schools

Tuition School	Applied on (Date)	Acceptance Letter Received?

- Scan Worksheet again to kmaas@camden.k12.nj.us (Date) _____
- Develop IEP, hold meeting, finalize IEP. Send email to Tuition Team indicating you've placed a student out of district.
- Send IEP, Placement Letter, and Justification Letter to Vanessa. Vanessa will set up transportation.
- After the student begins his new placement, you are still the case manager for 30 days.
- If you place a student between April 1-June 30, you must do the placement IEP and then go to the tuition school at a later date to complete the annual review.