

FSM DEPARTMENT OF EDUCATION SPECIAL EDUCATION PROGRAM

Placement Determination Form

Date of Placement Meeting:			
Name:	Grade:	DOB:	School:

This child's placement must be based on the child's Individualized Education Program (IEP).

Determination of Least Restrictive Environment

Directions: Start with the first placement at the top of the list. If the team agrees that this placement is not appropriate, write in the justification before moving to the next placement below it. All placement not selected above the actual placement must have a justification for non-selection.

Continuum of Placement

Type of Placement	Selected	Rejected
1. General Education Classroom with Modifications and/or with Supplementary Aids and Services (Participation in General Education 80% or more of the school day.)	<input type="checkbox"/> Selected	<input type="checkbox"/> Rejected
1-a. Justification for Rejected – Least Restrictive Placement		
2. Resource Room Classroom Placement (Participation in General Education 79% to 40% of the school day.)	<input type="checkbox"/> Selected	<input type="checkbox"/> Rejected
2-a. Justification for Rejected – Least Restrictive Placement		
3. Separate Classroom Placement (Participation in General Education less than 40% of the school day.)	<input type="checkbox"/> Selected	<input type="checkbox"/> Rejected
3-a. Justification for Rejected – Least Restrictive Placement		
4. Separate Facility	<input type="checkbox"/> Selected	<input type="checkbox"/> Rejected
4-a. Justification for Rejected – Least Restrictive Placement		
5. Residential	<input type="checkbox"/> Selected	<input type="checkbox"/> Rejected
5-a. Justification for Rejected – Least Restrictive Placement		
6. Homebound/Hospital	<input type="checkbox"/> Selected	<input type="checkbox"/> Rejected
6-a. Justification for Rejected – Least Restrictive Placement		
7. Correctional Facility	<input type="checkbox"/> Selected	<input type="checkbox"/> Rejected
7-a. Justification for Rejected – Least Restrictive Placement		

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Based on the placement above, respond to the questions below.

If you responded "NO" to any of the questions below, provide a written explanation.

1. The child's placement is as close as possible to the child's home.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explanation for "No":		
2. The child is educated in the school that he/she would attend if he/she did not have a disability.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explanation for "No":		
3. The child does not require some other arrangement for placement other than the school he would attend if he did not have a disability.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explanation for "No":		
4. Consideration has been given to any potential harmful effect on the child or on the quality of services that he/she needs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explanation for "No":		
5. The child is not removed from education in age appropriate classrooms solely because of needed modifications in the general curriculum.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explanation for "No":		

The team agrees that this placement is in the least restrictive placement for the student.

Signatures of Team Members

Title
