

**JOHNSTON PUBLIC SCHOOLS**

*Special Services*

**OUT OF DISTRICT PLACEMENT REVIEW**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_

Home School \_\_\_\_\_ Current School \_\_\_\_\_

Participants: \_\_\_\_\_  
\_\_\_\_\_

Re-evaluation Date: \_\_\_\_\_  
If so, evaluations to be completed: \_\_\_\_\_  
By whom: \_\_\_\_\_ Included in tuition \_\_\_ Y \_\_\_ N

Purpose of Meeting: \_\_\_\_\_  
\_\_\_\_\_

Discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Changes to current program: \_\_\_\_\_

Any additional services: \_\_\_\_\_  
\_\_\_\_\_

If so, is this service included in tuition? \_\_\_\_\_

If this student is scheduled to return to district, please describe process discussed and timeline for return: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other pertinent information about this student and/or placement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_