



TRI-VALLEY SPECIAL EDUCATION LOCAL PLAN AREA

Non-SELPA Class Placement APPROVAL FORM

http://trivalleyselpa.org

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

SENDING DISTRICT REQUEST (DOR):

Name of person making request: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ District: \_\_\_\_\_

TYPE	MM/DD/YY – MM/DD/YY	Frequency	Duration
SDC (describe type)	_____	_____	_____
SPEECH	_____	_____	_____
OT	_____	_____	_____
APE	_____	_____	_____
Behavior	_____	_____	_____
IA Support	_____	_____	_____
Psychologist	_____	_____	_____
Vision	_____	_____	_____
Hearing	_____	_____	_____

SENDING DISTRICT AUTHORIZATION:

I authorize that the \_\_\_\_\_ School District provide the services above for the above student.

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Special Education Administrator's Signature*

Position: \_\_\_\_\_

RECEIVING DISTRICT AUTHORIZATION (DOS):

I authorize these services for the above student.

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Special Education Administrator's Signature*

Position: \_\_\_\_\_

Account Code: \_\_\_\_\_