

# Livingston County Special Services Unit

920 CUSTER AVENUE, SUITE A • PONTIAC, ILLINOIS 61764  
PHONE: 815-844-7115 • FAX: 815-842-3170 • TDD: 815-842-3170

STUDENT NAME: \_\_\_\_\_

DATE OF MEETING: \_\_\_\_\_

## EDUCATIONAL SERVICES AND PLACEMENT

### EDUCATIONAL ENVIRONMENT CONSIDERATIONS

To the maximum extent appropriate, all students shall be educated and participate with students who are non-disabled. Provide an explanation of the extent, if any, to which the student will not participate in general education classes and activities

☐ Yes ☐ No

Special education classes, separate schooling, or removal from the regular education environment is required because the nature or severity of the student's disability is such that education in general classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Explain: \_\_\_\_\_

☐ Yes ☐ No

Will participate in nonacademic activities with nondisabled peers and have the same opportunity to participate in extracurricular activities as nondisabled peers.

If no, explain: \_\_\_\_\_

☐ Yes ☐ No

Will attend the school he or she would attend if nondisabled.

If no, explain: \_\_\_\_\_

### PLACEMENT CONSIDERATION

When determining the placement, consider any potentially harmful effect either on the student or the quality of services that he/she needs. After determining the student's placement, complete the "Placement" section on this cover sheet.

☐ Yes ☐ NA

For a child who is deaf, hard or hearing, blind or visually impaired, parents have been informed of existence of the Illinois School for the Deaf or the Illinois School for the Visually Impaired, and other local schools that provide similar services.

PLACEMENT OPTIONS CONSIDERED	POTENTIALLY HARMFUL EFFECT/ REASONS REJECTED	TEAM ACCEPTS PLACEMENT
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

### TRANSPORTATION

**Check all that apply.** For any box checked "yes", specify how the transportation will be provided.

☐ Yes ☐ No

Transportation with nondisabled peers. Describe: \_\_\_\_\_

☐ Yes ☐ No

Transportation with special education students only. Describe: \_\_\_\_\_

☐ Yes ☐ No

Parent will transport. Describe: \_\_\_\_\_

☐ Yes ☐ No

Specialized transportation is required to and from schools and/or between schools. ☐ Vocational Sites ☐ Community Based Outing  
☐ Related Services

☐ Yes ☐ No

Is specialized equipment or assistance required to transport student safety.

☐ Harness/Seatbelt/Carseat ☐ Door-to-Door ☐ Adult escorting student on and off bus

☐ Wheelchair Lift/Ramp ☐ Adult Monitor ☐ Other: \_\_\_\_\_

Other Describe: \_\_\_\_\_

### EXTENDED SCHOOL YEAR SERVICES

☐ Yes ☐ No

Extended school year services are needed. The IEP team must document the consideration of the need for extended school year services and the basis for the determination.

If yes, the IEP must indicate the type, amount and duration of services to be provided.

SPECIAL EDUCATION SERVICE(S)	LOCATION	AMOUNT/FREQUENCY OF SERVICES	INITIATION OF SERVICES	DURATION OF SERVICES	GOAL(S) ADDRESSED