

El Paso Independent School District
Special Education Department

Initial Assessment
 Annual Review

ARD/IEP Supplement
Out-of-District Placement Verification, Including TSBVI, TSD
Participation in ARD/IEP

Name of Student _____ ID # _____ Date of Meeting _____

List needs that local or regional program cannot meet:

Describe how placement will meet those needs:

Initial Placement

| Signature of ARD/IEP | () | Attachments to ARD/IEP Attachment Content | Letter () | Telephone Contact () |
|--|-----|--|---------------|--------------------------|
| Out-of district placement representative | | Verifies input | | |
| LEA representative | | Verifies agreement with student IEP changes | | |
| Parent | | Verifies agreement with student IEP changes | | |

Annual Review

Verification was made by LEA representative that placement is still needed, that the IEP reflects this need, and that the placement continues to offer appropriate program.

Verification made by: _____
Name

Type of verification:

Telephone: _____ Date _____ Letter (attached) Meeting: _____ Date _____ Place _____

Report of on-site visit for all placements.

An on-sit facility visit was made to _____ on _____
Facility Date

by _____
Print Name of Staff Member

Comments: (optional)

Plan for Returning Student to District: _____ (Projected Date of Return: _____)

Goal/Activities: _____ Position Responsible for Implementation: _____

The ARD committee verifies that placement in a contact facility meets health and safety standards and offers an appropriate program.

Optional for district sending student to TSD or TSBVI.

