

# Out-Of-District Student Placement Verification

**Office Use Only**

Date Received by CO: \_\_\_\_\_

Student's Name \_\_\_\_\_ Gender ☐ M ☐ F  
Last Name First Name Middle

Birth Date \_\_\_\_\_ Nickname \_\_\_\_\_ Grade \_\_\_\_\_

Resident Address \_\_\_\_\_ Apt/Lot # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Program Identification (please select one):

☐ Reg Ed ☐ Sp Ed, Level 1 ☐ Sp Ed, Level 2 ☐ Sp Ed, Level 3**Students will not be exited for short-term hospital stays or mental evaluations per the Iowa Department of Education's *State Reporting Data Dictionary*.**

Name of facility or school district for placement: \_\_\_\_\_

Youth Shelter/Detention Center ☐ yes ☐ noService/Facility Type (please mark one)  
☐ Day Services  
☐ PMIC Residential  
☐ non-PMIC Residential  
☐ Not Applicable

Who, if applicable, is providing educational services? \_\_\_\_\_

Last date of active enrollment in Indianola Schools: \_\_\_\_\_

Anticipated return date to active enrollment in Indianola Schools: \_\_\_\_\_

If the student is identified as a special education student, was the out-of-district placement decision made as a result of an IEP team meeting? ☐ yes ☐ no

If yes, please provide date of IEP meeting: \_\_\_\_\_

Please provide a brief explanation as to why the student was placed out of district.

\_\_\_\_\_  
Signature of Staff\_\_\_\_\_  
Signature of Principal or Dean of Students\_\_\_\_\_  
Date