

LONG COUNTY SCHOOL SYSTEM  
468 South McDonald Street  
Ludowici, GA 31316  
Parental Consent for Interim Placement

Date: \_\_\_\_\_

This is to certify that I have been informed of the recommendation that \_\_\_\_\_ (student's name) receive special education and related services on an interim basis at \_\_\_\_\_ (name of school). I understand that this recommendation reflects the service needs identified in my child's previous records.

An Individualized Education Program (IEP) meeting will be scheduled within 30 days of this student's enrollment to review the IEP and to determine if additional information will be needed for eligibility.

If you have questions prior to the IEP team meeting, please contact Ms. Donna Manning, Director of Special Education, at (912)545-2367, ext. 3009.

\_\_\_\_ Yes, I do agree with this interim placement.

\_\_\_\_ No, I do not agree with this interim placement for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian/Surrogate

\_\_\_\_\_  
Date

A copy of parent rights enclosed.