

CONSIDERATION OF RESIDENTIAL PLACEMENT
Ventura County Special Education Local Plan Area (SELPA)

(Designated Representative from County Mental Health must be in attendance)

Student Name _____

D.O.B. _____

Meeting Date _____

1. **Student requires, or is at risk for, residential placement services for the following reasons:**

2. **Residential placement prevention activities:**

	Implemented	To be Implemented	Considered/Deemed Inappropriate (Explain)
More restrictive classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Behavior support plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Increased classroom support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Parent training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
In-home services provided by DMH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

The additional residential placement prevention activities checked above will be implemented prior to consideration of #3 below.

3. **The IEP team agrees that:**

The student is at risk of placement in an RCL 10 or higher facility. In lieu of residential placement, the IEP team is recommending an intensive in-home community-based program.

Residential placement services are needed and recommends placement in a facility approved by CMH, per Chapter 26.5 requirements.

4. **If student placed in a facility, see Student Information and Services page for changes to special education services to be provided.**

5. **If residentially placed, residential treatment services to be provided by _____.**

Note: "Residential Treatment Services" must be listed on the Student Information and Services page of the IEP.

Copy to: District Office Cumulative File Case Manager Parent/Adult Student Related Services Mental Health Other _____