Child’s Name: Date of Birth:

Date of Placement Determination:

Based on IFSP Dated:

Placement Decision

Describe placement option(s) considered:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Placement Options****Considered** | **Benefits** | **Possible Harmful Effects on the Child and/or the Services to be Provided** | **Modifications,****Aids or Services** | **Give Reason Why Option****Selected or Rejected**  |
|  |  |  |  |  Selected Rejected |
|  |  |  |  |  Selected Rejected |
|  |  |  |  |  Selected Rejected |

The placement is based on the IFSP and the following evaluation reports:

 Attached Listed previously on page Listed below:

Team members determining placement (name and title):

 Person Knowledgeable About the Child Person Knowledgeable About the Evaluation Data Person Knowledgeable About Placement Options Parent