

Parent signature required for special education services only.

- NOTICE OF ENROLLMENT IN SPECIAL EDUCATION (FILL OUT ENTIRE FORM)
- STUDENT ACTIVATION FOR REED PROCESS (FILL IN TOP BOX ONLY)

****YOU MUST SUBMIT A SIGNED COPY OF THE ELECTRONIC REED TO THE COP OFFICE WITHIN 7 CALENDAR DAYS****

UIC: (Required) _____ Date: _____

Student (PRINT) _____ Parent Name (PRINT) _____

District/Building _____ District of Residence _____

Birthdate _____ Grade _____ Address _____

Gender M F Ethnic Group _____

Case Manager _____ Telephone _____

Student Residency Information (Check one if applicable) School of Choice Home School Section 53

The school district will provide the student with a free appropriate public education (FAPE) until the current IEP is implemented OR a determination has been made to hold a new IEP within 30 school days from date of district administrator signature.

PLEASE CHECK ONE OPTION BELOW – NOTE: OPTIONS 1) OR 2) REQUIRE COP ANCILLARY STAFF / SPECIAL EDUCATION TEACHER / ADMINISTRATOR COLLABORATION

- 1) Student Enrolls from within a COP District (i.e. Cheboygan to Gaylord)
The receiving district has obtained a copy of the last IEP and ALL Programs/Services can be implemented.
 Yes, the IEP will be implemented exactly as written.
 No, a transfer IEP will be held by (date) _____ (within 30 school days)
**** Initials of Administrator OR Representative to approve implementation _____
- 2) Student Enrolls from district using EasyIEP
The receiving district has obtained a copy of the last IEP and ALL Programs/Services can be implemented.
 Yes, the IEP will be implemented exactly as written.
 No, a transfer IEP will be held by (date) _____ (within 30 school days)
**** Initials of Administrator OR Representative to approve implementation _____
- 3) Student Enrolls from district within Michigan (But NOT an EasyIEP student)
A transfer IEP will be held by (date) _____ (within 30 school days)
- 4) Student Enrolls from a District OUT OF STATE
IMMEDIATELY forward a copy of this Notice of Enrollment in Special Education form, most recent IEP, and MET to COP ESD. Contact COP Staff to complete "INITIAL" REED and MET cover sheet. Initial IEP will be held (date) _____ (within 30 school days) from date of district administrator signature.

Disability _____ Hours per week placed in special education classroom _____

Program/Service _____ Special Education Teacher _____

COMPLETE HOURS FOR ALL SERVICES THAT APPLY

Number of hours per week per ancillary service(s): SLI _____ OT _____ PT _____
(Appropriate ancillary staff MUST initial here)

Number of hours per week per ancillary service(s): SSW _____ TC/VI _____ TC/HI _____
(Appropriate ancillary staff MUST initial here)

Parent/Guardian Date

Principal or Administrative Representative Date

**** Initial 1) or 2) above if checked ****