

**STOCKTON UNIFIED SCHOOL DISTRICT - SPECIAL EDUCATION LOCAL PLAN AREA  
NOTIFICATION OF PLACEMENT (NOP)**

OF INDIVIDUAL WITH EXCEPTIONAL NEEDS IN LICENSED CHILDREN'S INSTITUTION OR FOSTER FAMILY HOME  
Education Code 56156 et seq. - Government Code, Article 7, section 60510

**Directions:** This form must be completed by placing agency representative at the time of placement/transfer of a school-age individual with exceptional needs into a licensed children's institution or foster family home within the special education local plan area (SELPA). All supporting documents shall be attached.

- | check if<br>included | date of<br>report |  |
|----------------------|-------------------|--|
| [ ]                  | _____             | Current IEP  |
| [ ]                  | _____             | Copy or summary of most recent psychological records                         |
| [ ]                  | _____             | Copy/summary of most recent medical records relevant to educational planning |
| [ ]                  | _____             | Immunization records (must be current)                                       |
| [ ]                  | _____             | Birth Certificate/baptismal certificate/passport – (SUSD Board Policy)       |
| [ ]                  | _____             | Proof of residence   |

This form outlines the information needed to assist in the determination of a free and appropriate public education (FAPE) in the least restrictive environment (LRE)

**1. Student Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender:  M  F Ethnic Background \_\_\_\_\_

Licensing status of the home: \_\_\_Foster Care \_\_\_Group Home License #: \_\_\_\_\_

Address where student lives: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of group home, if applicable: \_\_\_\_\_

Name of LCI administrator/contact: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

FAX: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

**2. Parent Information:** (Parent who has the responsibility to represent the pupil in educational matters and to sign the IEP for special education purposes.)

Parent/s Name: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Other numbers/ways to contact: \_\_\_\_\_

**3. Court/legal information -**

**If yes to a - c, attach copies of court documents**

a. Is the student a dependent or ward of the court?  no  yes If yes, circle one: 300 601 602

b. Have the courts removed educational rights from the parents?  no  yes (if yes, district will appoint surrogate)

c. Is the student conserved?  no  yes (Provide name and address on next page)

d. If parent/guardian is deceased:  no  yes If yes, provide written & signed statement.

e. Parent/guardian whereabouts are unknown provide last known address (with date).

f. Has the student been found to have committed an offense listed in section 290 of the penal code?  no  yes  
If yes, state the offense and the disposition of the minor's case. \_\_\_\_\_

*When an agency places a student in a licensed children's institution which has an on-grounds, certified nonpublic, nonsectarian school, the pupil may attend the education program only if the SELPA's IEP Team has determined that there is no appropriate public education program in the community and that the on-grounds program is appropriate and can implement the student's IEP. California Code of Regulations, Title 2, Section 60510 (b) (2).*

**4. Education Information**

Last School Attended: \_\_\_\_\_ District: \_\_\_\_\_ Grade: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Was it a nonpublic School?  no  yes Was it a Mental Health Placement (Chpt. 26.5)  no  yes

Within the past 3 years, has the student been:

Suspended?  no  yes Number of times: \_\_\_\_\_

Reason: \_\_\_\_\_

Expelled?  no  yes Date: \_\_\_\_\_ District: \_\_\_\_\_

Reason: \_\_\_\_\_

**5. Agency Information:**

What county and agency placed the student?

Provide the names, addresses and information on all that apply:

**Mental Health:**

Caseworker: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ FAX ( ) \_\_\_\_\_

Email address: \_\_\_\_\_ Zip: \_\_\_\_\_

**Social Services/CPS:**

Caseworker: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ FAX ( ) \_\_\_\_\_

Email address: \_\_\_\_\_ Zip: \_\_\_\_\_

**Juvenile Probation:**

Probation Officer: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ FAX ( ) \_\_\_\_\_

Email address: \_\_\_\_\_ Zip: \_\_\_\_\_

**Regional Center:**

Caseworker: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ FAX ( ) \_\_\_\_\_

Email address: \_\_\_\_\_ Zip: \_\_\_\_\_

**Other :**

Name: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

*As an authorized representative of the public agency/LCI/FFH, I have identified the information on this form to be true and accurate to the best of my knowledge.*

Signature of Placing Agency Representative

Date

Name of Agency

Address

City/State/Zip

**FOR USE BY THE SPECIAL EDUCATION ADMINISTRATOR**

Date Received: \_\_\_\_\_ Method (FAX, Phone, Letter, etc.): \_\_\_\_\_

Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_

Outcome: \_\_\_\_\_