

INTERIM ALTERNATIVE EDUCATIONAL SETTING (IAES)



LOCAL SCHOOL DISTRICT OR INTERMEDIATE SCHOOL DISTRICT NAME

| | | | |
|------------------|--------------------------|--------------|-----------------|
| Student's Name | Last: | First: | Middle Initial: |
| Student ID #: | Date of Birth: | Grade: | School: |
| Date of Meeting: | Date of Most Recent IEP: | Date of MDR: | |

Length of Removal:

- ☐ Short term removal not a change of placement (complete section I only).
☐ Removal for Special Circumstances—up to 45 days (complete section II only).*
☐ Change of Placement—up to 180 days (complete section II only).*

*Individuals with Disabilities Education Act (IDEA) notice of intent to change placement required.

SECTION I: Not a change of placement (short term removal)

Participants:

| | |
|------------------|----------|
| School Personnel | Position |
| Teacher | |

Documentation of all steps is required.

| | |
|---|--|
| Number of days of current removal. | |
| Review current goals and objectives (attach copy). | List goals to be addressed. |
| Describe the services to be provided to enable the student: | To participate in the general education curriculum. |
| | To progress toward meeting the goals. |
| IAES for short term removal. | |

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SECTION II: A. Removal for Special Circumstances (up to 45 days) B. Change of Placement (up to 180 days)

Participants: Check box of staff qualified to explain instructional implications of assessments.

Student (if appropriate)*

☐ **District Representative***

Parent*

☐ **General Education Teacher***

Parent

☐ **Special Education Provider***

☐ **Other**

☐ **Other**

*Required participants.

Documentation of all steps is required.

| | |
|---|---|
| Number of days of current removal. | |
| Review current goals and objectives (attach copy). | List goals to be addressed. |
| Describe the services to be provided to enable the student: | To participate in the general education curriculum. |
| | To progress toward meeting the goals. |
| Conduct a functional behavior assessment (FBA) and behavioral interventions (or review existing), as appropriate. Date of existing plan: | Describe services and modifications designed to prevent the behavior from happening again. |
| IAES for short term removal. | |

SECTION III: Implementation

IAES and services to be in effect _____ through _____

The following person will ensure implementation: