

### Outside Agency Notification of Placement to SBCSELPA

**DIRECTIONS:** In order to ensure continuum of services, the placing agency must submit this form to the SELPA Director *prior* to placement of a student with an IEP into a licensed children’s institution or foster family home within the Santa Barbara County Special Education Local Plan Area.

Name of Placing Agency:	Contact Person:	Phone:
		Email:

Name of Pupil: <i>(last, first and initial)</i>	Birth Date:	
Case/Client Number:	Date of Placement:	
Name of Last School District Attended:	District Contact Person:	Phone:
		Email:
Address of Last School District Attended:		
Student is: <input type="checkbox"/> Special Education <input type="checkbox"/> General Education	If Available Attach Current: <input type="checkbox"/> IEP and <input type="checkbox"/> Assessment	
If student is in Special Education, describe the educational placement and services on current IEP:		
County of Client’s Prior Residence:	City:	Zip:

Parent or Guardian: <i>(last and first)</i>	Phone:
	Email:
Address:	

New Group Home / Foster Family Home:	Contact Person:	Phone:
Address:		

Signature of Placing Agency Representative:	Title:	Date:

**Client's Educational Representation**  
*(check all that apply)*

Pupil Name:
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- The child is a ward or dependent of the court.
  - The parent/guardian/conservator retained their authority to represent the pupil for educational purposes.
  - The court has removed parent/guardian rights to represent the pupil for educational purposes.
- The parent/guardian/conservator has appointed an Educational Representative. (Attach documentation)
- The client is an adult with no conservator having educational authority.
- A conservator has been appointed to represent the student.

Conservator Name:	Phone:	Email:
Address:		

- General conservatorship
- Limited conservatorship
- Client's educational rights have been removed.       Client's educational rights have not been removed.
- There is no parent or guardian.
- The parent/guardian cannot be located.
- Other:

Government Code 7579 (a)(b)(c)(d)

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**FOR USE BY DISTRICT**  
**Documentation of Search for Parent**

Date Letter sent:	Date of Phone Call:
Name of Surrogate Assigned:	Date Surrogate Assigned:
Administrator Signature:	