

DATE OF REPORT:

AMARILLO INDEPENDENT SCHOOL DISTRICT  
SPECIAL EDUCATION DEPARTMENT

page \_\_\_\_\_ of \_\_\_\_\_

AMARILLO, TEXAS

ARD/IEP SUPPLEMENT  
OUT-OF-DISTRICT PLACEMENT VERIFICATION, INCLUDING TSBVI, TSD  
PARTICIPATION IN ARD/IEP

NAME OF STUDENT

DATE OF MEETING

List needs that local or regional program cannot meet:

Describe how placement will meet those needs:

INITIAL PLACEMENT

SIGNATURES ON ARD/IEP		ATTACHMENTS TO ARD/IEP	LETTER	TELEPHONE CONTACT
		ATTACHMENT CONTENT		
Out-of-district placement representative		Verifies input		
LEA representative		Verifies agreement with student IEP changes		
Parent		Verifies agreement with student IEP changes		

ANNUAL REVIEW

- Verification was made by LEA representative that placement is still needed, that the IEP reflects this need, and that the placement continues to offer an appropriate program.

Verification made by: \_\_\_\_\_  
NAME

Type of verification:  Telephone (Date: \_\_\_\_\_ )  Letter (attached)

Meeting ( \_\_\_\_\_ , \_\_\_\_\_ )  
DATE PLACE

PLAN FOR RETURNING STUDENT TO DISTRICT	(PROJECTED DATE OF RETURN: _____ )
GOAL/ACTIVITIES	POSITION RESPONSIBLE FOR IMPLEMENTATION

The ARD committee verifies that placement in a contract facility meets health and safety standards and offers an appropriate program.