SECTION 1

Enrollment of Students Residing in Group Homes
PROCEDURE FOR ENROLLMENT

The San Joaquin SELPA has contacted group homes (Licensed Children’s Institutions - LCI) within San Joaquin County regarding the enrollment procedures and forms we use when enrolling students. Group Home providers should come to you aware of these procedures and prepared with the information needed. When enrolling an LCI student at your school follow these steps:

1. Enroll the student immediately. You may not deny enrollment based on lack of records or documentation, including immunization (McKinney-Vento Act, AB 490). According to the McKinney-Vento Homeless Children and Youths Program Act, LEAs must ensure that homeless children and youth have equal access to the same free public education, including a public preschool education, as is provided to other children and youth.

2. Assign a SSID / CSIS number to the student if he/she doesn’t have one already.

3. Review student’s paperwork.

Ask the group home worker for a completed Notification of Placement (NOP) form. If they do not have an NOP, give them a blank form (included in this section) to complete immediately. If there is no IEP, enroll the student in general education.

If the student is a special education student, the NOP should be accompanied by an IEP, a psycho-educational report, court documents if parents’ educational rights have been terminated, immunization records and a birth certificate (optional). If the IEP presented has expired, ask the student or group home worker for the name of the last school attended and attempt to contact that school immediately to get IEP information and request current records. If no additional information is available, call the placing agency worker i.e., Probation, Social Services, etc. for information. If you are unable to obtain current information about the IEP placement and services, there are two options. You may place the student based on the most recent IEP available, or you may schedule an immediate IEP meeting to discuss and determine appropriate placement and services.

If the student’s IEP indicates placement in a non-public school (NPS), you should still enroll the student in your district and refer immediately to the San Joaquin County SELPA for placement (209-468-4928) in an appropriate non-public school. There should also be an NOP form completed by the group home worker at the time of the request for enrollment.

Definitions

Licensed Children’s Institution

EC § 56155.5. (a) As used in this article, “licensed children’s institution” means a residential facility that is licensed by the state, or other public agency having delegated authority by contract with the state to license, to provide non medical care to children, including, but not limited to, individuals with exceptional needs. “Licensed children’s institution” includes a group home as defined by subdivision (g) of Section 56826.16 of Chapter 7.2, a “licensed children’s institution” does not include any of the following:
(1) A juvenile court school, juvenile hall, juvenile home, day center, juvenile ranch, or juvenile camp administrated pursuant to Article 2.5 (commencing with Section 48645) of Chapter 4 of Part 27

(2) A county community school program provided pursuant to Section 1981.

(3) Any special education programs provided pursuant to Section 56150.

(4) Any other public agency.

**Nonpublic, nonsectarian School**

EC § 56034. “Nonpublic nonsectarian school” means a private nonsectarian school that enrolls individuals with exceptional needs pursuant to an individualized education program and is certified by the department. It does not include an organization or agency that operates as a public agency or offers public service, including, but not limited to, a state or local agency, an affiliate of a state or local agency, university or college. A non-public, non-sectarian school also shall meet standards as prescribed by the Superintendent and board.

REFER TO FORMS ENCLOSED IN THIS SECTION
SAN JOAQUIN SPECIAL EDUCATION LOCAL PLAN AREA
Notification of Placement
of Individual with exceptional needs in Licensed Children’s Institution or Foster Family Home

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE DISTRICT DIRECTOR OF SPECIAL EDUCATION TO FACILITATE EDUCATION PLACEMENT FOR STUDENTS RESIDING IN OUT-OF-HOME PLACEMENTS ALONG WITH THE FOLLOWING SUPPORTING DOCUMENTS:

56156. Licensed children’s institution shall report to the special education administrator of the special education local plan area in which the licensed children’s institution is located any referral or admission of a child who is potentially eligible for special education.

check if included date of report check if included
☐ ______ Current IEP (less than 1 year old) ☐ Immunization Record
☐ ______ Current Psycho-Educational Assessment Report (less than 3 years old) ☐ Birth Certificate
☐ ______ Court documents (see below)
☐ ______ Other assessments

1. Submitted by: __________________________ Phone( ) ______ Date ______
Agency: __________________________ Phone( ) ______ Fax( ) ______

2. Student Name: __________________________ SSN - - - -
Date of Birth: ______/____/____ Age: _____ Gender: ☐ M ☐ F
Ethnicity: ☐ Native American ☐ Chinese ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Asian Indian
☐ Laotian ☐ Cambodian ☐ Other Asian ☐ Hawaiian ☐ Guamanian ☐ Samoan
☐ Tahitian ☐ Other Pacific ☐ Filipino ☐ Hispanic ☐ African-American
☐ White ☐ Islander ☐ Other:
Current Living Situation: ☐ Foster Care/FFA ☐ LCI ☐ Other:
Address of home: __________________________________ City________ State____ Zip________
Please indicate name of facility if applicable: ______________________________________________________
School district of residence: ___________________________________________________________________
Contact Person: __________________________ Contact Phone: __________________________

3. Parent Information:
Natural Parent Name: __________________________ Phone( ) ______
Address: __________________________________ City________ State____ Zip________
a. Is the student a ward of the court? ☐ Yes ☐ No
b. Have the courts removed educational rights from the parents? ☐ Yes ☐ No
c. Is the student conserved? ☐ Yes ☐ No (Provide name and address on next page)
   * If yes to any of the above, attach copies of court documents with judge’s signature and/or court seal of approval!
d. The parent/guardian is deceased (provide date of death) or whereabouts are unknown to the agency.
   Provide last known address(with date).
   ____________________________________________________________
   ____________________________________________________________
e. Within the past 3 years, has the student been:
   Suspended? ☐ Yes ☐ No Number of times ______ Reason:
   Expelled? ☐ Yes ☐ No When? __________ School District?
   Reason:
   ____________________________________________________________
   ____________________________________________________________
   If the Parent(s)/Legal Guardian have designated another individual to represent the educational interests of the child, attach signed documents to support this and indicate the named representative:
Name: __________________________ Phone( ) ______
Address: __________________________ City________ State____ Zip________
4. **Educational Information:**
   Last School attended: ____________________________  Grade: _____  Phone: _____________________
   District: _____________________________________  Teacher: ___________________________________
   Was the School a Non-Public School?  ❑ Yes  ❑ No  Date of last attendance at this school: __________

5. **Placing Agency’s Information:**
   Name of county agency placing the student:
   ____________________________________________________________
   (Who is paying for residential placement?)

   **Mental Health:**
   Caseworker: ___________________________  Phone ( ) ____________  Fax ( ) ____________
   Mailing address: ________________________________________________  City __________  State _____  Zip_________

   **CPS:**
   Caseworker: ___________________________  Phone ( ) ____________  Fax ( ) ____________
   Mailing address: ________________________________________________  City __________  State _____  Zip_________

   **Juvenile Probation:**
   Probation Officer: ___________________________  Phone ( ) ____________  Fax ( ) ____________
   Mailing Address: ________________________________________________  City __________  State _____  Zip_________

   **Regional Center:**
   Name of Regional Center: ________________________________________
   Caseworker: ___________________________  Phone ( ) ____________  Fax ( ) ____________
   Mailing address: ________________________________________________  City __________  State _____  Zip_________

   **Other important people in this student’s life who should be included in the IEP:**
   Name: __________________________________ Phone ( ) ____________
   Mailing address: ________________________________________________  City __________  State _____  Zip_________
   Relationship: ________________________________________________
   Name: __________________________________ Phone ( ) ____________
   Mailing address: ________________________________________________  City __________  State _____  Zip_________
   Relationship: ________________________________________________

   **Comments:**

   As a representative of the public agency referring/placing this student in the Licensed Children’s Institution/Foster Family Home, I have identified the information on this form to be accurate to the best of my knowledge.

   ___________________________________________  ________________________
   Signature of Placing Agency Representative  Date

   _______________________________________________________________________
   Name of Agency  Address  City, State,Zip

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**FOR USE BY THE DISTRICT ADMINISTRATOR**

   Date received: __________________  Method: __________________
   District of residence verified  Assigned to: __________________  Date Received: __________________
WHEN RECEIVING ANY REFERRAL FROM GROUP HOME
EDUCATIONAL RESPONSIBILITY OF STUDENTS PLACED
IN LICENSED CHILDREN’S INSTITUTIONS (LCI)
San Joaquin SELPA
Special Education Process

LCI notifies local district of any child potentially Eligible for special education who resides at LCI
EC56156(c)

**Student**
Resides in LCI
EC48200 & EC48204

**Registers**
with Local District
EC48200 & EC48204

**Attends**
local school in district

LCI notifies local district of location of parent or surrogate parent is appointed by local district
EC56156

Local school site convenes
student study team
EC56303

No IEP but
student has history of educational problems

Student study team
designs an active plan for
general education
EC 56303

General Education Class

IEP non-NPS
in place

Student study team
refers student to special education
EC56303

IEP non-NPS
in place

Student study team
refers student to special education
EC56303

Alternative/Continuation

IEP non-NPS
in place

IEP in place

Local district signs
30 day interim placement
if student has IEP
EC 56325

SELPA signs 30 day interim placement if student has IEP
EC 56325

IEP in place

District or SELPA assesses/convenes IEP
team meeting to determine appropriate Placement and objectives
EC56329 & EC56341

General Education Class

SDC
EC56361(c) & EC56364

Related Services
EC56361(b) & EC56363

County Office

SDC
EC56361(c) & EC56364

Related Services
EC56361(b) & EC56363

SDC
EC56361(d) & EC56364

District assumes responsibility
for placement
EC56156.S

Public School

Non-Public School pursuant to
San Joaquin County Special Education Local Plan Area

SELPA is fiscal agent & contracts with non-public school (NPS)

SELPA monitors non-public school placement

District has ultimate responsibility

General Education
EC56361(a)

RSP
EC56361(b) & EC56362

State Schools
EC56361(f) & EC56326

SDC
EC56361(d) & EC56364

Related Services
EC56361(c) & EC56363

**SDC** = Special Day Class
**RSP** = Resource Specialist Program
**Related Services** = Designated Instruction and Services
**NPS** = Non-Public School

Portions of document adapted from Riverside County SELPA
STUDENTS WITH IEPs
EDUCATIONAL RESPONSIBILITY OF STUDENTS PLACED IN LICENSED CHILDREN’S INSTITUTIONS (LCI)
San Joaquin SELPA
Special Education Process

LCI notifies local district of any child potentially Eligible for special education who resides at LCI EC56156(c)

Student
Resides in LCI
EC48200 & EC48204

Registers with local district
EC48200 & EC48204

Attends local school in district

Who to Contact

LCI notifies local district of location of parent or Surrogate parent is appointed by local district EC56156

If current IEP is in place & states Non-public School all documents are sent to SELPA along with the NOP form

SELPA gets appropriate Signatures on 30 day Interim placement form

SELPA signs 30 day interim placement
if student has an NPS IEP

SELPA convenes 30 day IEP Team meeting to review appropriate Placement and objectives EC56329 & EC56341

SELPA assumes responsibility for placement EC56156.5

Non-public School pursuant to San Joaquin County Special Education Local Plan Area

SELPA is fiscal agent & contracts with non-public school

SELPA monitors non-public school placement

District has ultimate responsibility

LCI completes Notification of Placement Form (NOP) and gives to District Director of Special Education.

If current IEP is in place & the placement is not in an NPS, the local district signs a 30 day interim placement. District assumes responsibility when students’ not in an NPS

SELPA makes placement
SELPA writes contract if court placed in LCI

*If student needs psycho-educational assessment before they can be placed then the district is responsible for the assessment.

*For students placed in an NPS when the triennial is due, the SELPA holding the contract is responsible for psycho-educational Assessment and vision and hearing screening

EC48200 & EC48204

2/11 PF
Q & A FOR NPS EDUCATIONAL PLACEMENT

1. **Who Has Educational Rights?**
   - If parental rights have been removed, we need a court order specifically stating so. It must have a judge’s signature and/or the court’s official seal on it. A vague order indicating care of child is not acceptable.

   **If rights have been removed we will appoint a surrogate.**

2. **Who is placing this child?**
   - Is this child a AB3632 placement (Chapter 26.5)? If so it goes back to the district that made the placement.

   **If not:**
   - Determine which agencies are involved, name and phone number of contact person at each agency.
   - Determine what are the responsibilities of each agency.

3. **If there a current IEP indicating NPS placement?**
   - A current IEP is less than 12 months old (unless the review date indicates it will be reviewed in less than 12 months). To be a legal IEP, it must be signed by a parent, teacher, and administrator. Make sure the person signing as parent has the legal right to do so. The IEP needs to have annual goals and short term objectives. If they are being carried over from a previous IEP, we will need a copy. The IEP should indicate if the student is receiving any related services such as transportation, speech therapy, occupational therapy, etc.

4. **Is there a current psycho-educational evaluation?**
   - A psycho-educational evaluation is completed by a certified school psychologist. To be current, it must have been completed within the last 3 years.

5. **We need an immunization record & birth certificate.**

6. **Are there other pertinent assessments?**
   - Psychiatric assessments, clinical assessments, placement discharge summaries. Current medication status would be helpful.
INDIVIDUAL SERVICES AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2014 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2015, unless sooner terminated as provided in the Master Contract and by applicable law.

<table>
<thead>
<tr>
<th>Local Education Agency (LEA)</th>
<th>Nonpublic School/Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>City, State, Zip</td>
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<tr>
<td>LEA Case Manager</td>
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<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>Student First Name</th>
<th>Program Contact Name</th>
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<tr>
<th>D.O.B.</th>
<th>SSID#</th>
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<table>
<thead>
<tr>
<th>Grade</th>
<th>Level</th>
<th>Sex</th>
<th>Education Schedule – Regular School Year</th>
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</thead>
<tbody>
<tr>
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<td>( ) M ( ) F</td>
<td>Number of Days</td>
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<td>Education Schedule – Extended School Year</td>
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<td></td>
<td></td>
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<td>Number of Days</td>
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<th>Contract Date</th>
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<tr>
<th>City, State, Zip</th>
<th>Master Contract Approved</th>
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<tbody>
<tr>
<td></td>
<td>by the Governing Board on</td>
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<tr>
<th>Home Phone</th>
<th>Business</th>
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DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

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<tr>
<th>SERVICES</th>
<th>PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LEA NPS Daily Rate NPA OTHER Specify</td>
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<table>
<thead>
<tr>
<th>Cost and Duration of Session</th>
<th>Number of Sessions per wk/mo/yr</th>
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</table>

<table>
<thead>
<tr>
<th>Maximum Number of Sessions</th>
<th>Estimated Maximum Total Cost for Contracted Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reg School Year</td>
<td>ESY</td>
</tr>
</tbody>
</table>

A. BASIC EDUCATION

B. RESIDENTIAL

C. RELATED SERVICES

1. Transportation
   a. Paid to NPS/A
   b. Reimburse parent

2. Counseling
   a. Group
   b. Individual
   c. Family

3. Adapted P.E.

4. Speech/Language
   a. Group
   b. Individual
### C. RELATED SERVICES (cont’d)

<table>
<thead>
<tr>
<th>Provider</th>
<th>Cost and Duration of Session</th>
<th>Number of Sessions per wk/mo/yr</th>
<th>Maximum Number of Sessions</th>
<th>Estimated Maximum Total Cost for Contracted Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEA</td>
<td>NPS Daily Rate</td>
<td>NPA</td>
<td>OTHER Specify</td>
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<td>NPA</td>
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<tr>
<td>OTHER</td>
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</tbody>
</table>

#### 5. Occupational Therapy
- a. Therapy
- b. Consultation

#### 6. Physical Therapy
- a. Therapy
- b. Consultation

#### 7. ABA
- a. Consult
- b. Direct
- c. Supervision
- d. Assessment

#### 8. One-to-One Aide

#### 9. Other

**TOTAL COST**

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**Other Provisions/Attachments:** to include lunch, breaks, passing time, etc.

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

- **CONTRACTOR:**
  - (Name of Nonpublic School/Agency)
  - (Signature)
  - (Name and Title)

- **DISTRICT:**
  - (Name of School District)
  - (Signature)
  - (Name of Superintendent or Authorized Designee)

- (Date)
# Residency and Responsibility Chart: Residential Placements For Individuals with Exceptional Needs Pursuant to Education Code Section 56026 (When FAPE Is Not at Issue)

<table>
<thead>
<tr>
<th>Student’s Residence</th>
<th>Parent/Guardian Residence</th>
<th>Student Placed In Residential Setting By:</th>
<th>Educational Responsibility</th>
<th>Responsibility for Residential and Non-Educational Costs</th>
<th>Legal Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within District</td>
<td>Within or Outside of District</td>
<td>Referral by Student’s IEP Team (Parent’s District of Residence)</td>
<td>Parent's District of Residence (LEA)</td>
<td>Parent's District of Residence (LEA)</td>
<td>Cal. Ed. Code §§ 48200, 56363; 34 C.F.R. § 300.104; Stats.2011, c.43 (A.B. 114) § 26</td>
</tr>
<tr>
<td>Within District (Placed in an LCI or a foster home)</td>
<td>Within or Outside of District</td>
<td>Court, Regional Center, or Public Agency (other than an Educational Agency)</td>
<td>SELPA where placement is located, or a District by agreement or by COE if no agreement</td>
<td>Placing Agency</td>
<td>Cal Ed. Code §§ 48204(a)(1)(A); 56155.5; 56156.4; 56159</td>
</tr>
<tr>
<td>Outside of District (Placed in an LCI or a foster home)</td>
<td>Within District</td>
<td>Court, Regional Center, or Public Agency (other than an Educational Agency)</td>
<td>SELPA where placement is located, or a District by agreement or by COE if no agreement</td>
<td>Placing Agency</td>
<td>Cal Ed. Code §§ 48204(a)(1)(A); 56155.5; 56156.4; 56159</td>
</tr>
<tr>
<td>Outside of District (Out-of-State RTC)</td>
<td>Within District</td>
<td>Public Agency without the involvement of the District, SELPA or COE</td>
<td>Placing Agency</td>
<td>Placing Agency</td>
<td>Cal. Gov. Code § 7579</td>
</tr>
<tr>
<td>Outside of District (In-State RTC – not an LCI or foster home)</td>
<td>Within District</td>
<td>Court, Regional Center, or Public Agency (other than an Educational Agency)</td>
<td>Parent’s District of Residence (LEA)</td>
<td>Placing Agency</td>
<td>Cal. Ed. Code § 48200; Cal. Gov. Code § 7581</td>
</tr>
<tr>
<td>Within or Outside of District</td>
<td>Within or Outside of District</td>
<td>Parent or Legal Guardian</td>
<td>Parent or Legal Guardian (District where school is located is responsible for ISP)</td>
<td>Parent or Legal Guardian</td>
<td>Cal. Ed. Code § 48200; Cal. Gov. Code § 7581</td>
</tr>
<tr>
<td>State Hospital/Health Facility For Medical Purposes Only (Within or Outside of District)</td>
<td>Within or Outside of District</td>
<td>Court, Regional Center, or Public Agency (other than an Educational Agency) or Parent</td>
<td>District where hospital is located</td>
<td>Placing Agency or Parent</td>
<td>Cal. Gov. Code §§ 7581; 7578; Cal. Ed. Code § 48204(a)(5); 56167</td>
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<tr>
<td>Juvenile Hall (Within or Outside of District)</td>
<td>Within or Outside District</td>
<td>Court, Department of Probation/Corrections or Public Agency (other than an Educational Agency)</td>
<td>County Office of Education (Juvenile Court Schools) where Juvenile Hall is located</td>
<td>Placing Agency</td>
<td>Cal. Ed. Code §§ 48645.1; 48654.2</td>
</tr>
<tr>
<td>Adult Jail (Within or Outside of District)*</td>
<td>Within or Outside District</td>
<td>Court, Department of Probation/Corrections or Public Agency (other than an Educational Agency)</td>
<td>Last District of Residence responsible prior to age of majority until Parents move – then Parent’s new District of Residence (LEA)</td>
<td>Placing Agency</td>
<td>Cal. Ed. Code §§ 48200; 56000(a); 56040(b); 56041(a); Student v. LAUSD, OAH Case No. 2009060442</td>
</tr>
</tbody>
</table>

*If non-conserved & qualified for special education before incarceration. If not previously qualified, then no right to FAPE.