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:		Sc	hool:		
Date of Meeting:			Date of Most Recent I		P:		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 Teacher			P	Position					
Documentation of all steps is required.									
Number of days of current removal.									
Review current goals and objectives (attach copy).			List goals to	be a	ddressed.				
Describe the services to be provided to enable the student:			To participat	To participate in the general education curriculum.					
			To progress	town	ard meeting	4 b -	· sonis		
			10 progress	To progress toward meeting the goals.					
IAES for she	ort term remov	al.							

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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 qu	ualified 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 requir	·ed.					
Number of days of current removal.						
Review current goals and objectives (attach copy).	List goals to be addressed.					
140 140 140 140 140 140 140 140 140 140	To participate in the general education curriculum.					
Describe the services to be provided to enable the student:	To progress toward meeting the goals.					
Conduct a functional behavior assessment (FBA) and behavioral interventions (or review existing), as appropriate.	Describe services and modifications designed to prevent the behavior from happening again.					
Date of existing plan:						
IAES for short term removal.						

SECTION III: Implementation

IAES and services to be in effect through

The following person will ensure implementation: