

TEMPORARY PLACEMENT CONSENT

I, as the parent/guardian of _____
(Child's Name)

[check one]

authorize

do not authorize

his/her temporary placement, not to exceed 60 calendar days, in a program providing special education and related services in the _____
(Public Agency)

I understand that giving my consent for the above stated purpose is voluntary on my part and may be revoked at any time.

PARENT/GUARDIAN SIGNATURE

DATE