



219 North Main Street, Suite 402
Barre, VT 05641 (p) 802-479-1206 | (f) 802-479-4320

Residential Review Placement Verification Form

This form shall be completed when the student is first approved to attend a Residential Facility (placed by the LEA only) and the annually while the student remains a student in that facility.

Student Information

Student Name: _____ Date of Birth: ____ / ____ / ____ Grade: _____

Primary Disability: _____ Local School/LEA: _____

SU/SD: _____ DCF custody? Yes No

Special Education Admin: _____ Email: _____

Parent Information

Parent 1 Name _____

Physical Address _____

Parent 2 Name _____

Physical Address _____

Residential Program

Residential Placement _____ State of Residential Placement _____

Annual Estimated Cost \$ _____ Date of Initial Placement: ____ / ____ / ____

If this is the student's initial placement in a residential facility, describe the reintegration plan of the student back to the public school:

If the student has been placed in a residential facility for more than one school year, describe how the student is progressing within the residential program and how the IEP goals and objectives are leading to the reintegration of the student:

Other Pertinent Information:

Return form to:

Alicia Hanrahan, Education Programs Manager/Interagency Coordinator
VT Agency of Education, 219 North Main Street, Suite 402 Barre, VT 05641
Alicia.Hanrahan@vermont.gov | Phone: 802-479-1206 | Fax: 802-479-4320