



**DIRECTIONS FOR COMPLETING  
INTERIM ALTERNATIVE EDUCATION  
SETTING (IAES)**

Mecosta-Osceola  
Intermediate School  
District  
15760 190<sup>th</sup> Avenue  
Big Rapids, Michigan  
49307

<b>Student's Name</b>		Last:		First:		M.I.				
Student ID#:		DOB:		Grade:		School:				
Date of Meeting:		Date of Most Recent IEP:			Date of MDR:					
<p><b>Length of Removal:</b></p> <p><input type="checkbox"/> Short term removal not a change of placement (complete section I only).</p> <p><input type="checkbox"/> Removal for Special Circumstances—up to 45 days (complete sections II only).*</p> <p><input type="checkbox"/> Change of Placement—up to 180 days (complete section II only)*</p> <p><i>*Individuals with Disabilities Education Act (IDEA notice of intent to change placement required.)</i></p> <p><b>Guidance:</b> All students must receive services after ten days of removal from school. Before determining the Interim Alternative Educational Setting (IAES), the Local Educational Agency (LEA) must determine whether the removal constitutes a change of placement. The personnel involved in determining the IAES differ depending upon whether the removal constitutes a change of placement for the student. Section I addresses the requirement for a short term removal that is not a change of placement. Section II addresses the requirements for a removal for Special Circumstances or a change of placement. The team must address Section III for all students. On the date on which the decision is made to make a removal that constitutes a change of placement, the LEA must notify the parents of that decision, and provide the parents with the procedural safeguards, including the notice of intent to change the placement.</p>										
<p><b>SECTION I: Not a change of placement (short term removal)</b></p> <p><b>Participants:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">School Personnel</th> <th style="width: 40%;">Position</th> </tr> </thead> <tbody> <tr> <td>Teacher</td> <td></td> </tr> </tbody> </table> <p><b>Guidance:</b> Federal regulations state that school personnel in consultation with a least one of the student's teachers consider the requirements in the first column and determine the services needed and the IAES, document them in the second column. The Michigan Department of Education (MDE) recommends that they consult with the special education teacher who would be most knowledgeable about the student's educational needs, as well as their goals and objectives.</p>							School Personnel	Position	Teacher	
School Personnel	Position									
Teacher										
Documentation of all steps is required.										
Number of days of current removal.										
Review current goals and objectives (attach copy).		List goals to be addressed								
Describe the services to be provided to enable the student:		To participate in the general education curriculum. <hr/> To progress toward meeting the goals.								
IAES for short term removal										

**Guidance:**

**The first row** asks for the number of days of the current removal. Staff should keep track of the number of days of each removal to assist in determining if a pattern of removals has occurred.

**The second row** requires a review of the current goals and objectives to ensure that they can be addressed in the IAES. Staff should consider which goals are appropriate to be addressed in the proposed IAES. List the goals which the IAES will address and attach a copy of the goal sheets from the current Individualized Education Program (IEP) to this form.

**The third row** requires a description of the services and the extent to which they are needed to allow the student to participate in the general education curriculum and to progress toward meeting the goals listed in row two.

**The fourth row** gives the specific setting in which the services described in the third row will be provided (e.g. student's home, Public Library, Administration Building, etc.).

**Section II: A. Removal for Special Circumstances (Up to 45 Days)**

**B. Change of Placement (Up to 180 Days)**

**Participants:** Check box of staff qualified to explain instruction implications of assessments.

Student (If appropriate)*	<input type="checkbox"/> District Representative*
Parent*	<input type="checkbox"/> General Education Teacher*
Parent	<input type="checkbox"/> Special Education Teacher*
<input type="checkbox"/> Other	<input type="checkbox"/> Other

\*Required participants

**Guidance:** The student’s IEP team must meet to determine the appropriate services and the LEA will determine the IAES. All required members of the student’s IEP team, including the student if appropriate, and a person qualified to explain assessment results should be in attendance. The team must consider all of the requirements in the first column, determine the services needed, and IAES, and document their decision in the second column.

Documentation of all steps is required.	
Number of days of current removal.	
Review current goals and objectives (attach copy).	List goals to be addressed
Describe the services to be provided to enable the student:	To participate in the general education curriculum.
	To progress toward meeting the goals.
IAES for short term removal	

**Guidance:**

**The first row** asks for the number of days of the current removal. Staff should keep track of the number of days of each removal to assist in determining if a pattern of removals has occurred.

**The second row** requires a review of the current goals and objectives to ensure that any IAES can address them. Staff should consider which goals are appropriate to be addressed in the proposed IAES. List the goals which the IAES will address and attach a copy of the goal sheets from the current IEP to this form.

**The third row** requires a description of the services and the extent to which they are needed to allow the student to participate in the general education curriculum and to progress toward meeting the goals listed in row two.

**The fourth row** requires the team to conduct a functional behavior assessment (FBA) and develop behavioral intervention plan (or review an existing plan) which will be implemented to prevent the behavior from happening again. Note the date if there is an existing plan.

**The fifth row** gives the specific setting in which the services described in the third row will be provided (e.g. student’s home, Public Library, Administration Building etc.).

**SECTION III: Implementation**

IAES and services to be in effect \_\_\_\_\_ through \_\_\_\_\_.

The following person will ensure implementation: \_\_\_\_\_

**Guidance:** The LEA must indicate the dates of the services and the person who will ensure the implementation.
