

## Nonpublic/Off-Campus Placement Notification and Application Checklist

LEA Name:	Student Name:
Identify the IEP page number(s) where the following requirements are documented.	
1. Lesser restrictive placements implemented prior to nor <i>TAC §89.61(b)(1)(D)</i>	npublic placement:
2. Services which the LEA is unable to provide and which t <i>TAC §89.61(a)(4)(B)</i>	the facility will provide:
3. Criteria and estimated timeline for the student's return <i>TAC §89.61(a)(4)(C)</i>	to the LEA:
4. Appropriateness of the facility for the student: <i>TAC §89.61(a)(4)(D)</i>	
5. Representative of the facility participated in the ARD committee meeting: 34 CFR §300.325(a)(2)	
Identify the contract page number(s) where the following requirements are documented.	
1. LEA signature and date:	
2. Nonpublic facility signature and date:	
3. Date range of student placement:	
4. List of services with cost analysis (required for residential; day upon request):	